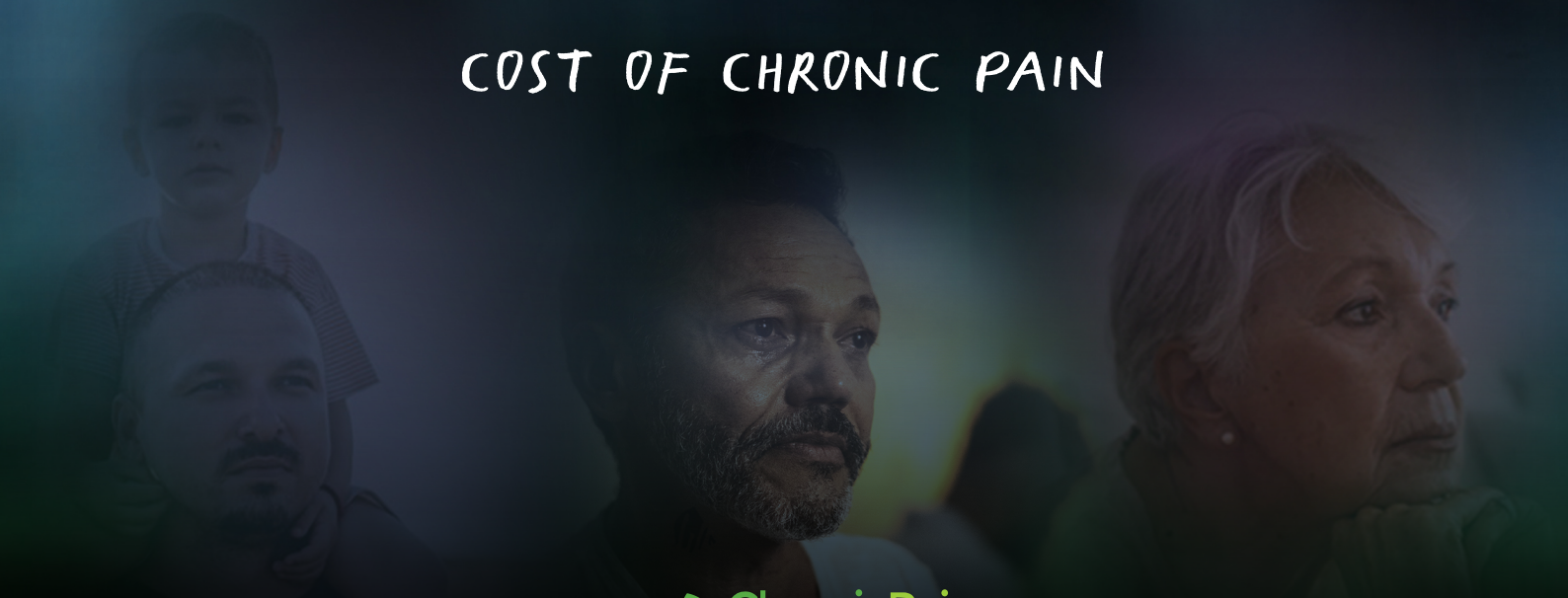


PAIN COLOURS YOUR WORLD

2024 National Pain Report

THE SOCIAL AND ECONOMIC COST OF CHRONIC PAIN



ChronicPain Australia

Chairperson's foreword

It is almost a decade since Chronic Pain Australia began conducting the National Pain Survey. In that time, awareness of the condition, which 3.6 million Australians live with, has increased considerably, largely due to our wonderful members, who take the time to complete the survey each year.

Despite increased awareness, stigma, isolation, and mental health issues persist for those living with chronic pain. Last year, we identified a complex web of interconnected challenges, aptly named the vicious cycle of pain. Here, pain leads to inactivity and financial and relationship strain, worsening sleep disturbances and mental health. This decline in mental health, in turn, intensifies the pain. This vicious cycle resonated strongly with the pain community, illustrating how deeply pain colours their world.

That insight proved the inspiration for this year's National Pain Week theme: Pain Colours Your World. For people living with chronic pain, everything in their lives becomes coloured by their pain. The "painchangers", or combination of things that helps them manage their pain and feel stronger, are different for everyone.

Understanding the multifaceted experience of chronic pain is an important step in finding ways to manage it. Importantly, multifaceted pain needs multidisciplinary care, but our survey found that the majority of people living with chronic pain do not have access to multidisciplinary pain management.

Supported by the voices of people living with chronic pain, Chronic Pain Australia is making access to multidisciplinary care our key ask to government. We are proposing that the existing primary health networks (PHNs) be funded to deliver dedicated primary care multidisciplinary pain management programs – a simple add-on to existing infrastructure which would be life-changing for many in our community.

As the National Pain Survey enters its tenth year, we have asked the chronic pain community to give us a glimpse of the life they hope our advocacy work will bring them. We asked them what they would do the day after their pain was finally brought under control. "Cry with relief," was a popular answer, as were a range of daily joys which people without pain take for granted, as well as hiking, bike riding, swimming in surf, socialising, and just "getting things done" from laundry to grocery shopping to returning to work.

We at Chronic Pain Australia exist to give people with chronic pain a voice. And sometimes voicing their dreams for the future is the most compelling reason for health professionals, governments, and policy makers to take action to help them right now.

If you are living with chronic pain, I hope seeing your experience validated in this report is a painchanger for you. And if you have a loved one living with pain, perhaps you will find inspiration on how to be a painchanger for them.



Nicolette Ellis
Chairperson of Chronic Pain Australia

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Chronic pain affects all of us: 2024 key findings

Each year the National Pain Survey deepens our understanding of chronic pain and the lived experience of Australians. In 2023, survey responses exposed the interconnectedness of symptoms and effects of chronic pain – the "vicious cycle" of pain. The 2024 National Pain Survey has once again shed light on the way in which pain symptoms and effects become part of a cycle that ends up colouring the world of the person living with chronic pain.

But pain doesn't just affect the person living with it. With 3.6 million Australians impacted, chronic pain affects our entire society, health system and economy.

Key insights from the 2024 National Pain Survey:

- **Impact on Productivity:** Nearly half of those with chronic pain are in their prime earning years, pointing to pain impacting national productivity. Nearly half of survey respondents have had to stop working because of their pain and almost 30% have had to limit their hours.

- **Strain on Relationships:** Two-thirds of respondents feel that their condition strains family relationships. Over 60% report reduced intimacy or a struggle to have sex as a result of their pain. Four in ten struggled to pick up, carry or play with their children.

- **Stigma and Barriers for Young Australians:** Reverse ageism creates stigma and barriers to care for younger Australians, with 9 in 10 respondents between the ages of 18 and 34 years reporting being ignored or dismissed by health professionals. Significantly more in this age group have had thoughts of self-harm, taking their own life or have gone so far as to make an attempt at suicide.

- **Medical Misogyny:** Nearly half of women report stigma from health professionals, and almost 40% feel stigmatised by their GPs.

- **LGBTQIA+ Challenges:** Respondents in this group are more likely to experience higher-than-average mental health issues, with pain affecting their sleep, ability to work, sexual intimacy, and independence.

- **Slow Diagnosis:** 45% of respondents say it took longer than three years to get a diagnosis. Women and non-binary respondents face even longer delays, with nearly half of women and almost 60% of non-binary respondents waiting more than three years.

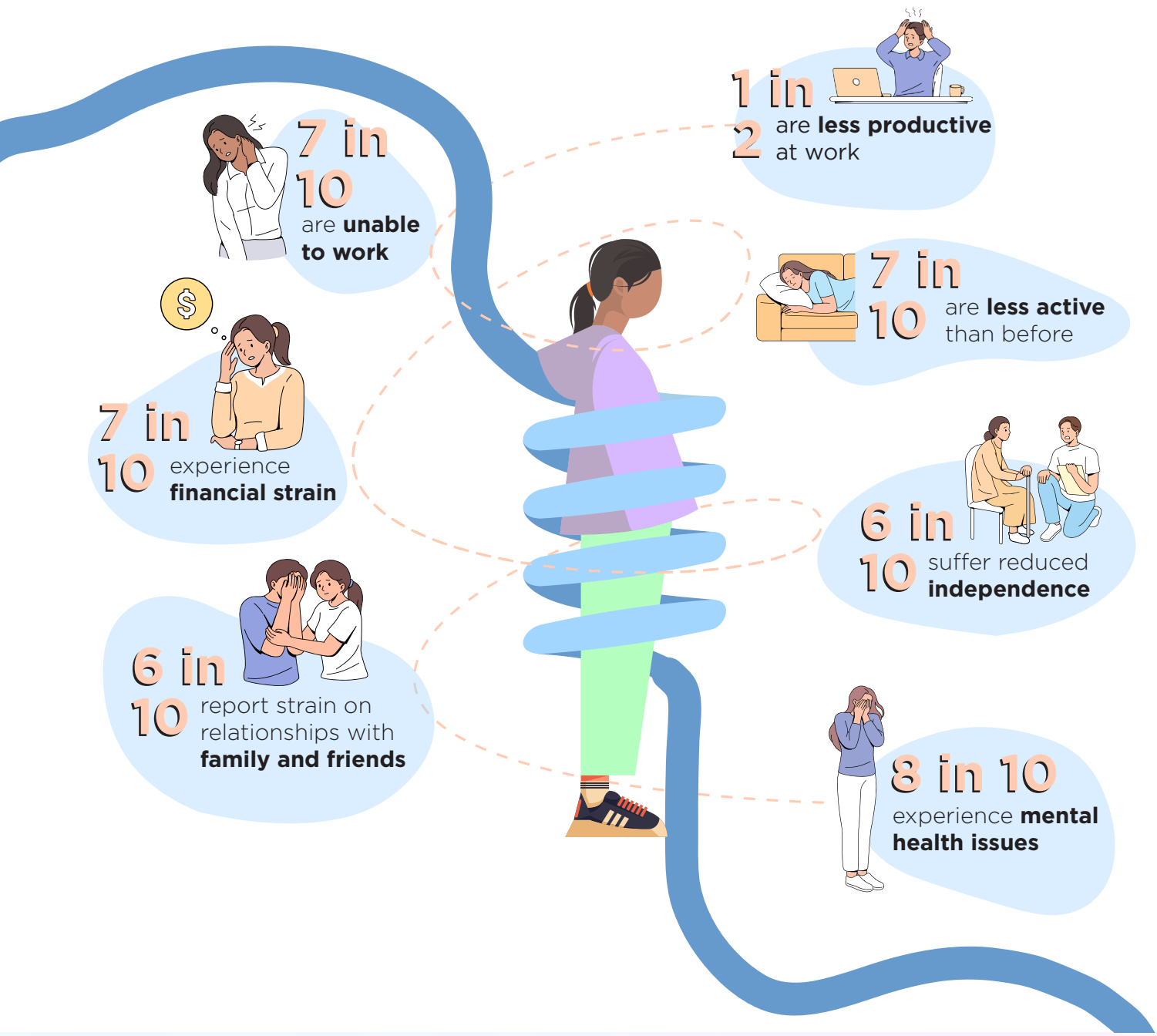
- **Potential for Multidisciplinary Care:** Multidisciplinary (MDT) care, which treats chronic pain holistically in one location, has the potential to revolutionize treatment and improve the lives of those affected. Sadly, only 1 in 100 Australians can access MDT care. Expanding access to MDT pain management programs to primary care would not only enhance individual outcomes but also benefit broader society, the health system, and the economy.

Lead sponsor HALEON

Addressing the Impact of Chronic Pain

The 2024 National Pain Report underscores the profound impact of chronic pain on individuals, their loved ones, the community, the health system, and the economy. It's time for action. We must prioritise implementing high-value treatments and interventions that are already evidenced to improve outcomes. By expanding access to primary care-based multidisciplinary pain management and other proven methods, we can reduce the burden of chronic pain. Let's work together—health professionals, policymakers, carers, employers, and the community—to make meaningful changes and improve lives. The insights from the National Pain Survey guide us, but it's our collective action that will drive the progress we need.

The vicious cycle of chronic pain



Nearly half of people living with chronic pain are in their prime earning years, pointing to pain impacting national productivity

In 2024, 2599 people completed the National Pain Survey.

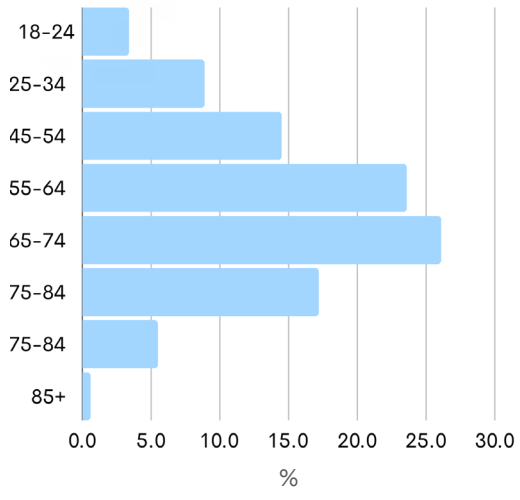
433 (16.7%) of these identified as male, 2065 (79.5%) as female and 53 (2%) as non-binary.
(NB: Total does not equal 100% as there was an option for other or non-response.)

Almost half (47%) of respondents were in their prime earning years, generally considered to be the years between 25 to 64 years old.

12.3% of survey respondents were 18-34.
49.4% were 65 years and over.
63.9% of respondents lived in households that earned or received less than $1499 per week, $470 below the national median weekly income of $1770 (2021 Census).

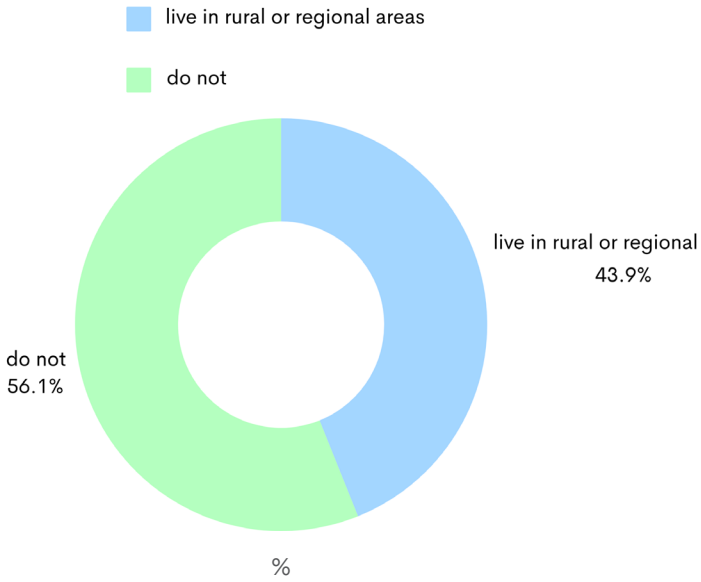
1

What is your age?



2

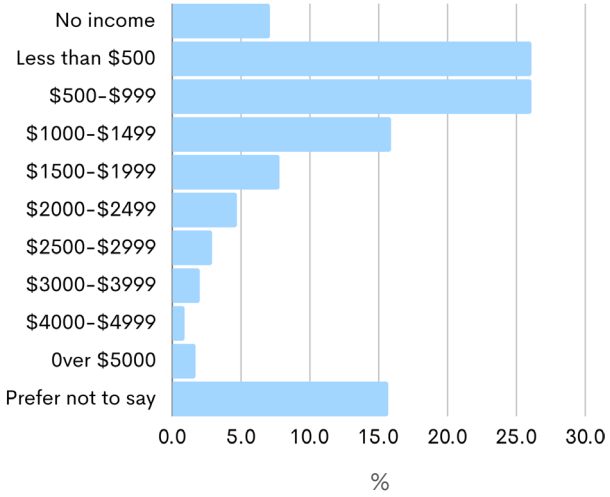
Do you live in a rural or regional area?



63.9% of respondents lived in households that earned or received less than $1499 per week, $470 below the national median weekly income of $1770 (2021 Census).

3

What is your weekly household income, after tax?



13% of respondents identified as LGBTQIA+, slightly above the 11% in the general population. (Department of Health 2019).



The most common types of chronic pain are back pain, nerve pain and fibromyalgia

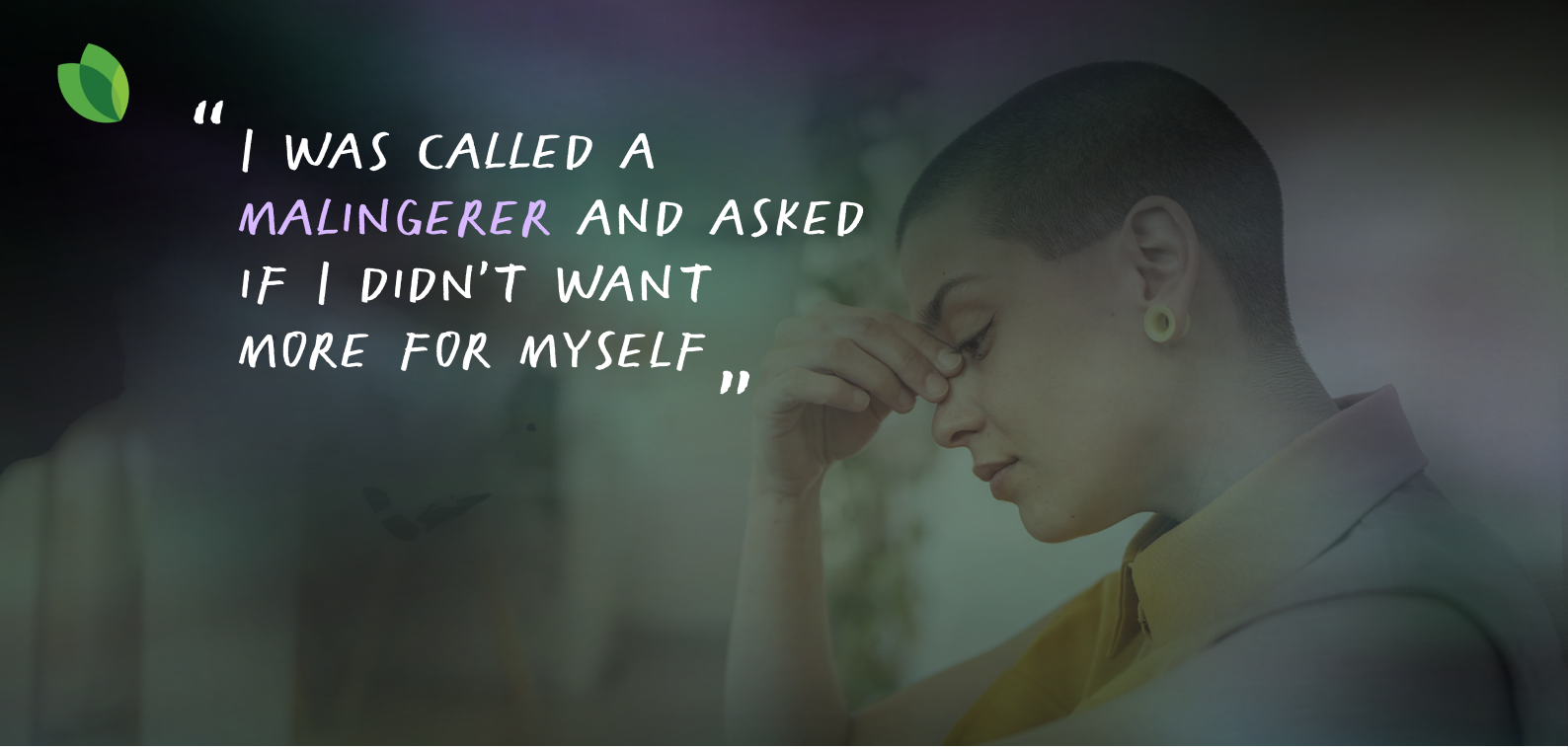
The most prevalent types of pain suffered by survey respondents are back pain (17.4%), widespread pain (e.g., fibromyalgia; 22.9%), and nerve pain (e.g., neuralgia; 10.4%).

Men were most likely to suffer from back pain (28.4% of male respondents).

Women were most likely to suffer from widespread pain (25.6% of female respondents).

Non-binary were most likely to suffer from connective tissue disorder (28.3% of non-binary respondents) followed by widespread pain (22.6% of non-binary respondents).





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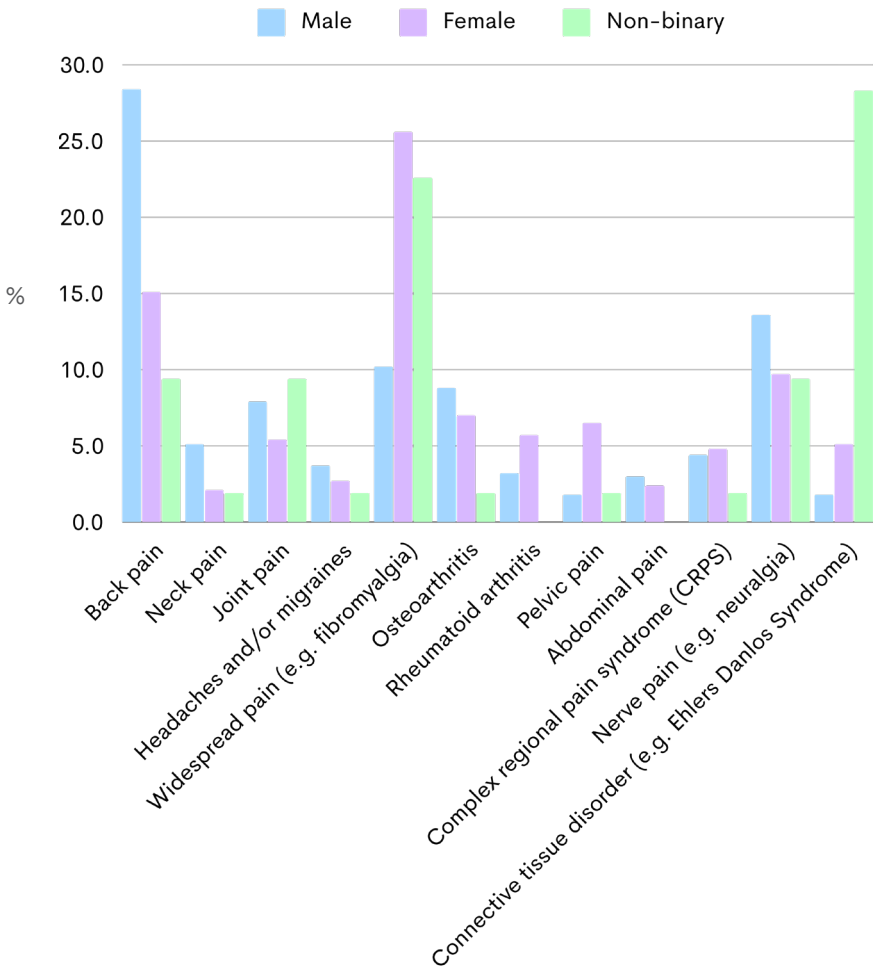
Which of the following best describes your chronic pain? Please select ONE option.





"IT IS AN INVISIBLE ILLNESS/DISABILITY, SO WE MAY LOOK 'NORMAL' AND FUNCTIONAL, BUT ARE DYING INSIDE."

Chronic pain is causing chronic under- or unemployment

44.9% of respondents have had to stop working because of their pain, and **27.7%** have had to reduce their hours and or limit or change their duties.

Non-binary people were more likely to have had to reduce their hours, limit or change their duties than men or women **(43.4%)** but less likely to have stopped working altogether **(37.7%)**.

Men were the most likely to have had to stop working altogether **(51.7%)**, followed by women **(43.5%)** and then non-binary, possibly as a result of the greater physicality of some male-dominated professions.

It can take years to get a chronic pain diagnosis

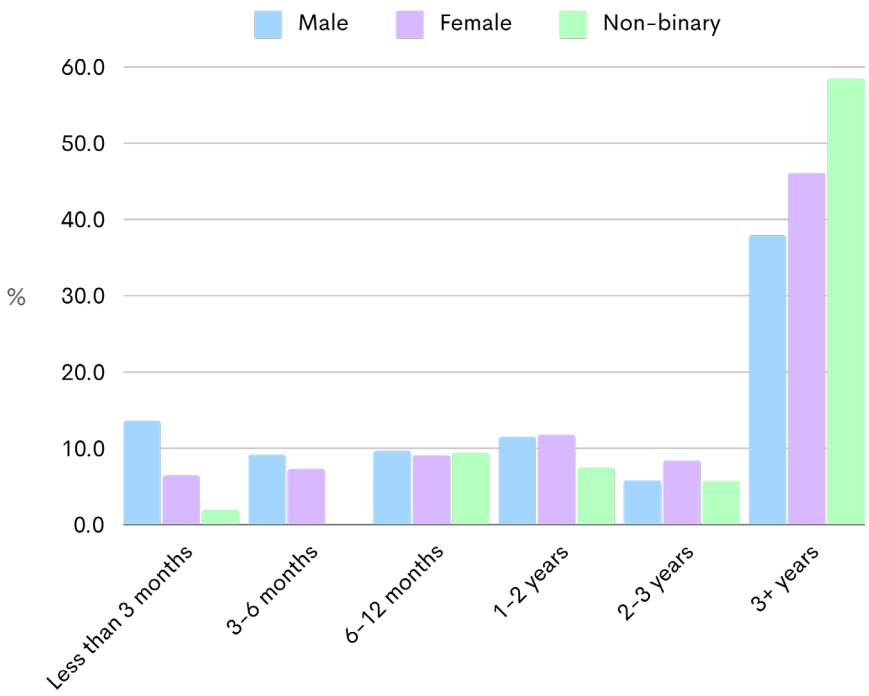
45% said it took longer than 3 years to get a diagnosis; with 11% still undiagnosed.

Non-binary respondents were the most likely to struggle to get a diagnosis, with 58.5% saying it took longer than three years to get a diagnosis and 15.1% still undiagnosed.

Men received their diagnosis in the least amount of time, with 13.6% receiving a diagnosis in under three months and 49.9% being diagnosed in under three years.

5

How long did it take to receive a diagnosis for your chronic pain?



Discrimination can significantly affect the path to diagnosis and experience of people living with chronic pain

72.9% of respondents have felt ignored or dismissed when raising their pain with health professionals.

Another 57.6% have felt powerless or neglected, and 28.4% felt dehumanised.

38.6% have experienced weight stigma from health professionals.

42.4% feel that they have been perceived as a drug seeker.

Non-binary respondents were most likely to feel that they experienced sex-based discrimination from health professionals, with 67.8% experiencing sexism, more than twice the 31.2% of woman who felt discriminated against based on their sex and over ten times the number of men who experienced this form of discrimination.

Non-binary respondents also reported the highest levels of prejudice, with 67.9% experiencing prejudice, compared with 25.1% of women and 20.1% of men.



Chronic pain worsens life quality across a range of measures

Since the onset of their chronic pain, many respondents have experienced dramatic worsening of life quality.



77%

experience mental health issues



37%

experience PTSD



90%

experience sleep disturbances



69%

report an Inability to work



54%

feel that pain has affected their productivity at work



66%

report financial strain



66%

report strain on relationships with family



64%

report reduced intimacy or difficulty having sex



62%

report strain on relationships with friends



67%

say their pain has led to greater inactivity



54%

change in eating patterns



69%

reduced independence



69%

are now unable to drive



37%

struggle to pick up, carry or play with their children

A higher percentage of non-binary respondents said that they had experienced a worsening of life quality than either men or women.

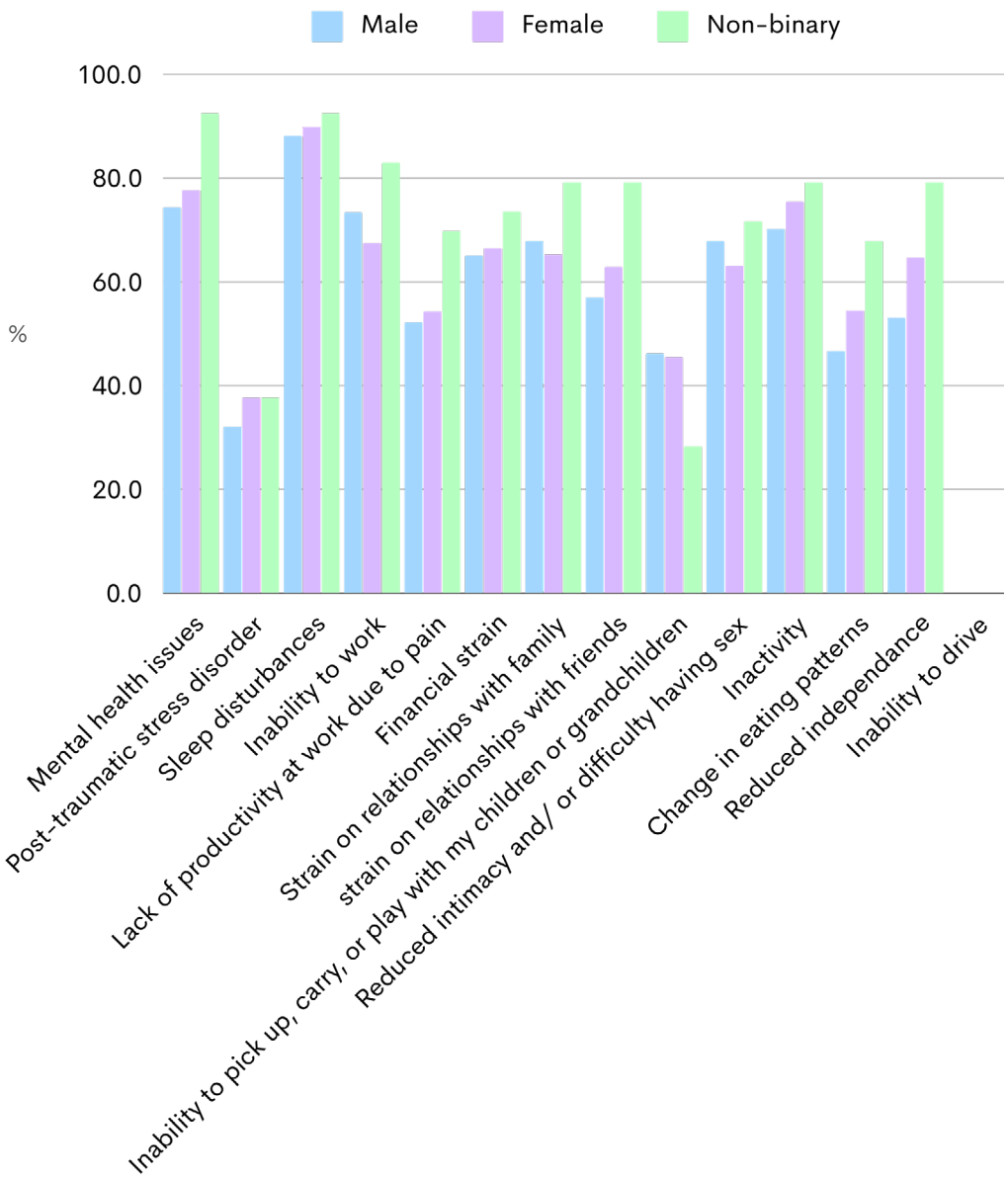
Men reported greater impairment of their ability to work (73.4%) than women (67.5%).

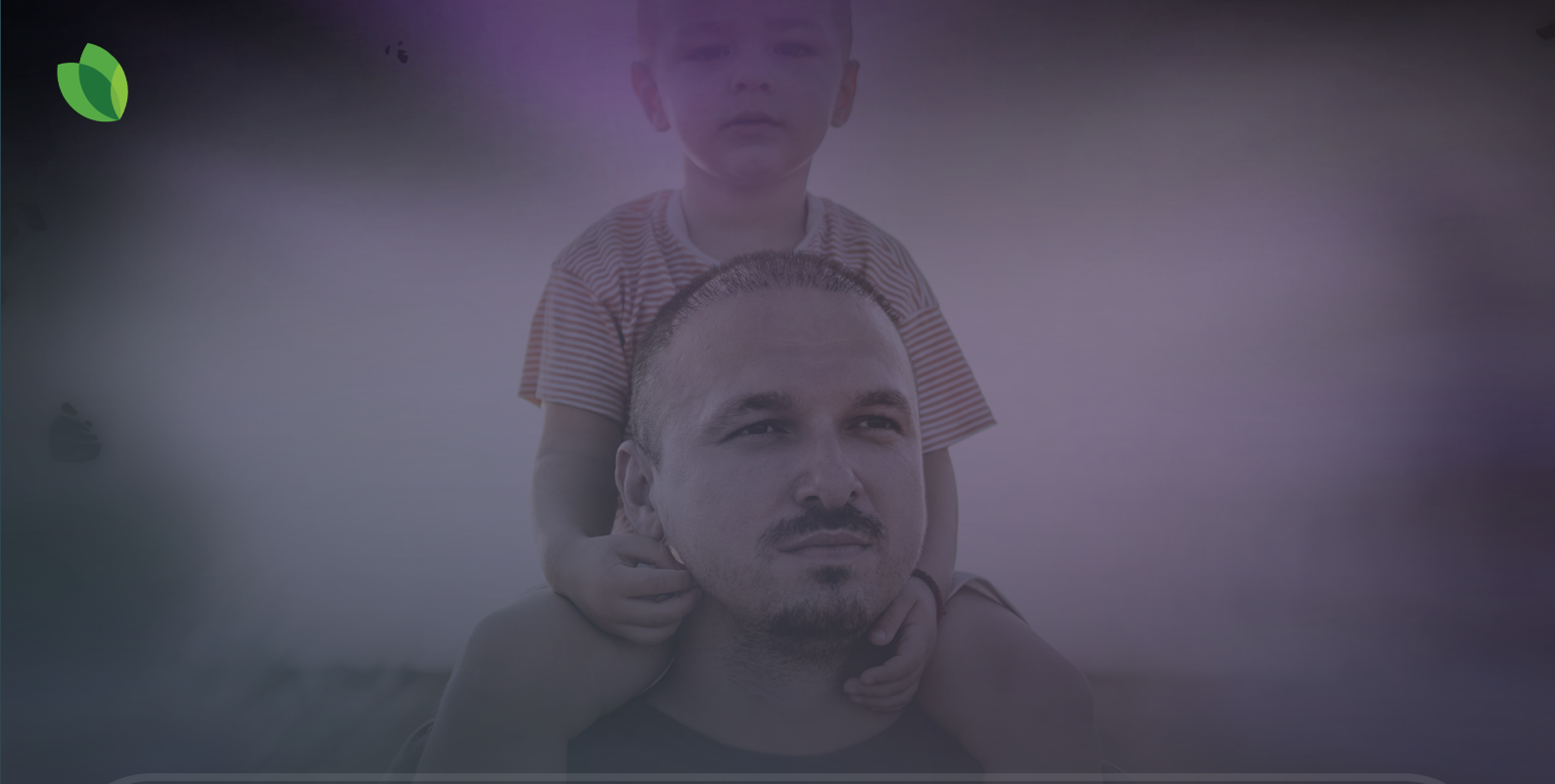
Women felt more strain on their friendships (62.9%) than men (57%).

Women were more likely than men to experience reduced independence and inability to drive.

6

Since experiencing chronic pain, have you experienced any changes to the following aspects of your life? Select ALL that apply.





Chronic pain is putting increasing strain on relationships, worsening the isolation of people living with the condition

Relationship strain has worsened since the 2023 National Pain Survey.



strain on relationships with family

2024 **66%**

2023 **63%**



strain on relationships with friends

2024 **62%**

2023 **61%**



struggle to pick up, carry or play with their children

2024 **46%**

2023 **39%**

People living with chronic pain feel stigmatised by health providers and loved ones

Respondents reported high levels of stigma from health professionals, with 37.6% feeling stigmatised by their GPs and 47.6% by other health professionals.

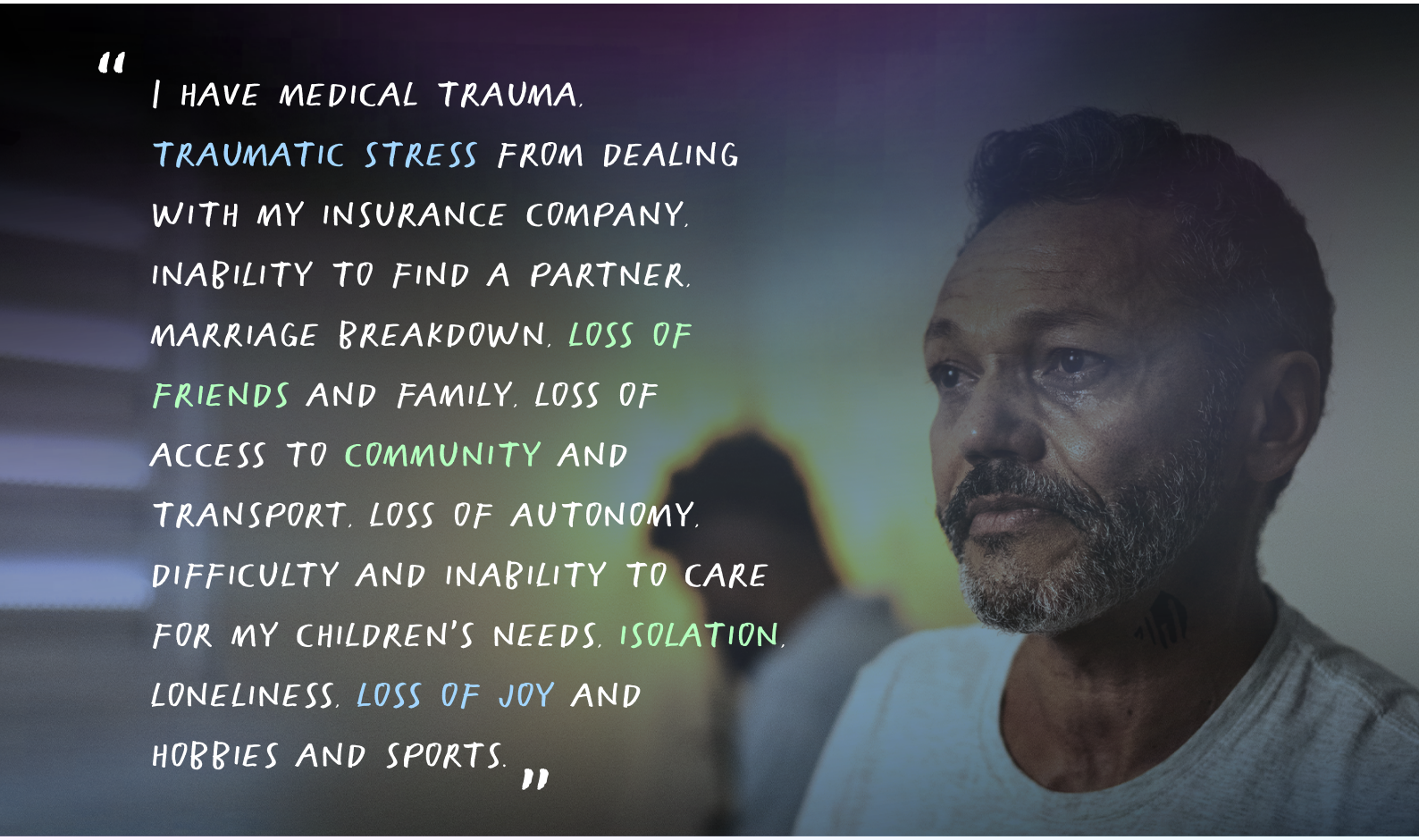
Women (39%) and non-binary people (45.3%) were more likely to report feeling stigmatised by GPs. They also felt more stigma from other health professionals, with 49.2% of women and 79.2% of non-binary respondents reporting bad experiences.

While more than 1 in 5 respondents reported stigma from their employers or colleagues, a more intimate source of stigma arose in personal relationships.

1 in 5 women (19.8%) and 1 in 6 men (16.9%) felt stigmatised by their spouse or life partner.

The extended family was a major source of stigma, with 27.7% of men, 41.3% of women and 56.6% of non-binary respondents feeling stigmatised by these relatives.

Pain conditions also put a strain on friendships and a sense of community, with 37.2% of all respondents saying they experience stigma from friends and 43% saying they experience it from people in the community.



Having been repeatedly failed, many respondents lack trust in health providers

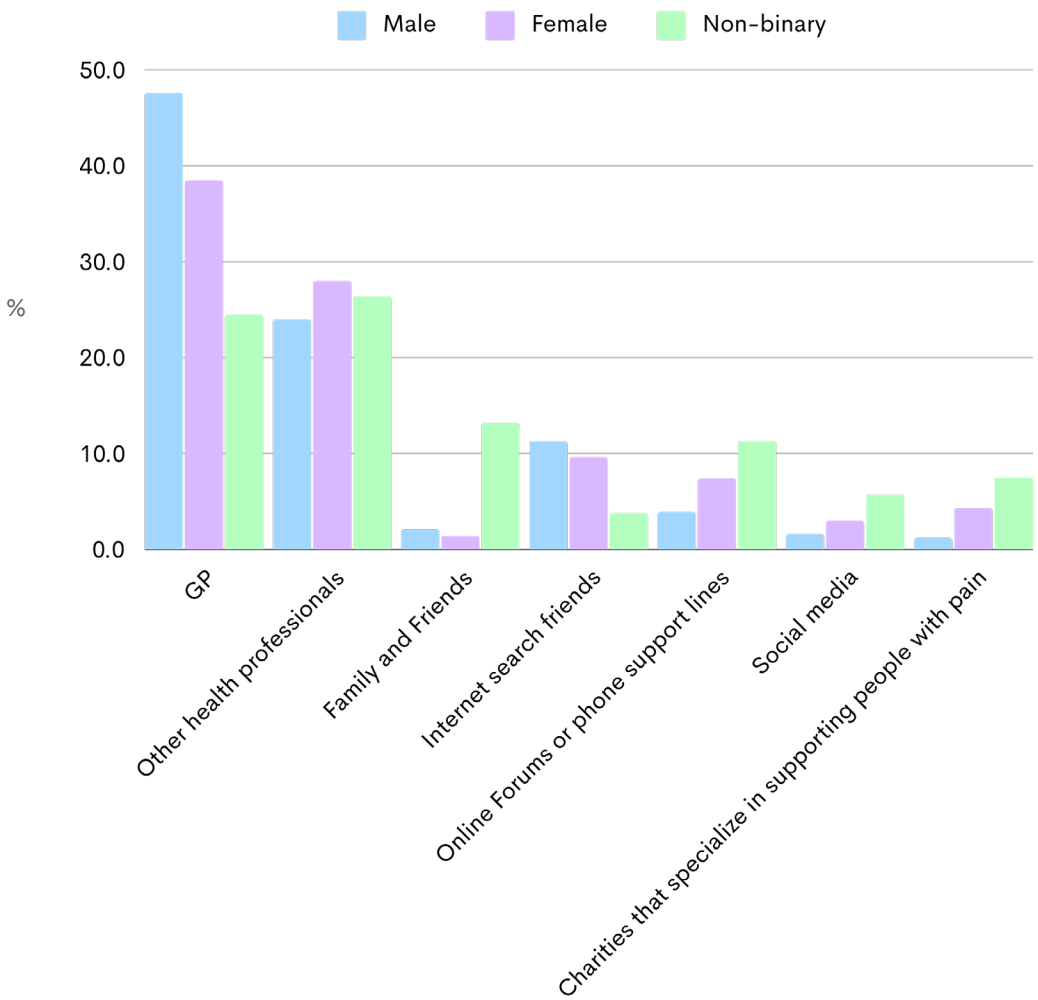
GPs are considered the most trusted source of information on chronic pain, with 39.5% of respondents preferring information from a GP over information from other health professionals (27.2%).

Men were more likely to trust their GPs (47.6%) than women (38.5%) or non-binary respondents (24.5%).

Men were slightly less likely to trust other health professionals (24%) than women (28%) and non-binary (26.4%).

7

When searching for information to manage your chronic pain, which of the following sources do you TRUST the most? Please select ONE option.



Multidisciplinary care is not yet available to the majority of people living with chronic pain

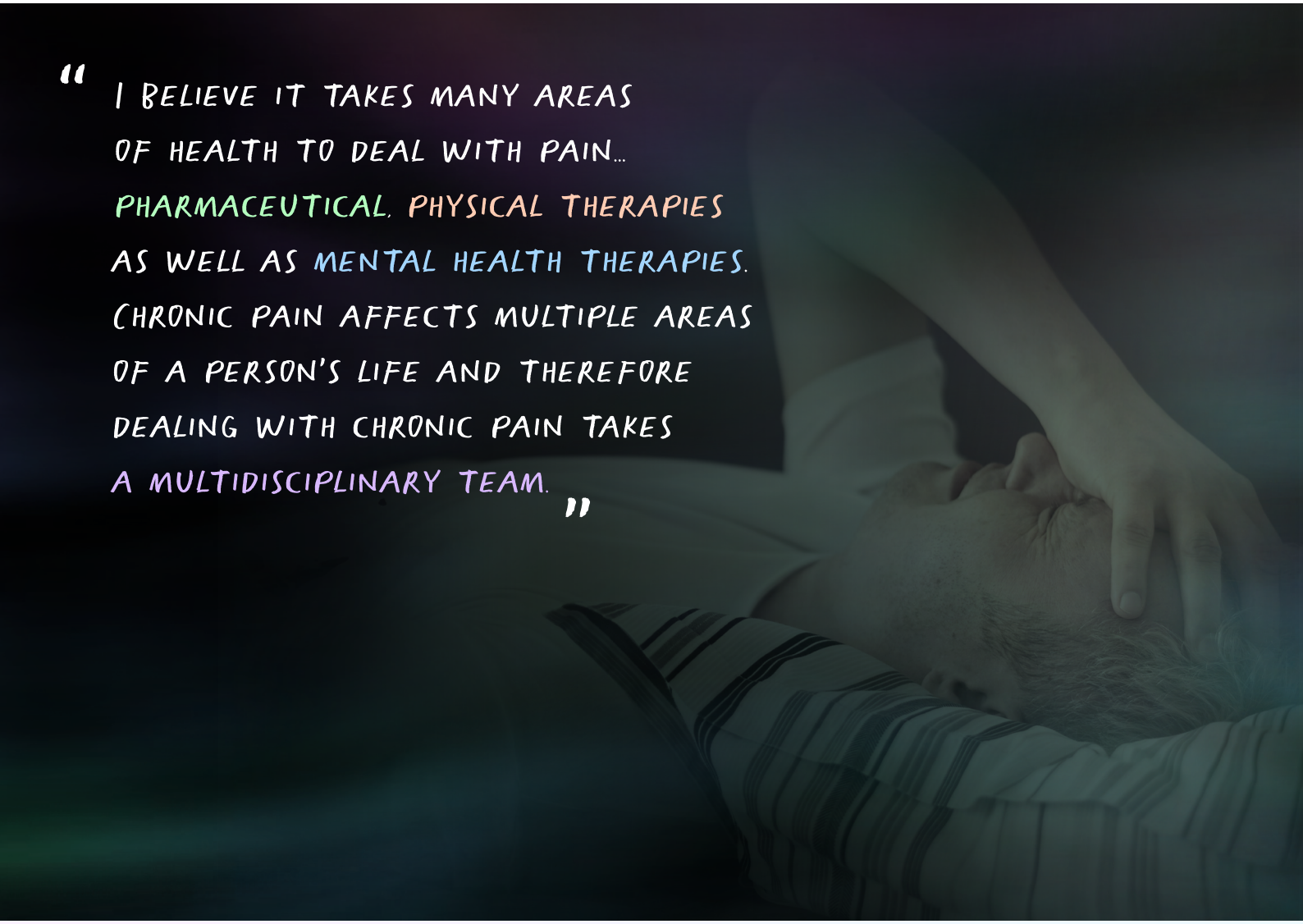
19.4% of respondents had been referred to a multidisciplinary pain management program or clinic.

19.9% had been referred to a private pain specialist.

18.6% had been referred to both.

However, 41.8% had not received a referral for broader pain management.

Of those who had received a multidisciplinary appointment, 71.9% of respondents would recommend multidisciplinary pain management.



Nearly half of all respondents have thought about taking their own life as a result of their pain condition

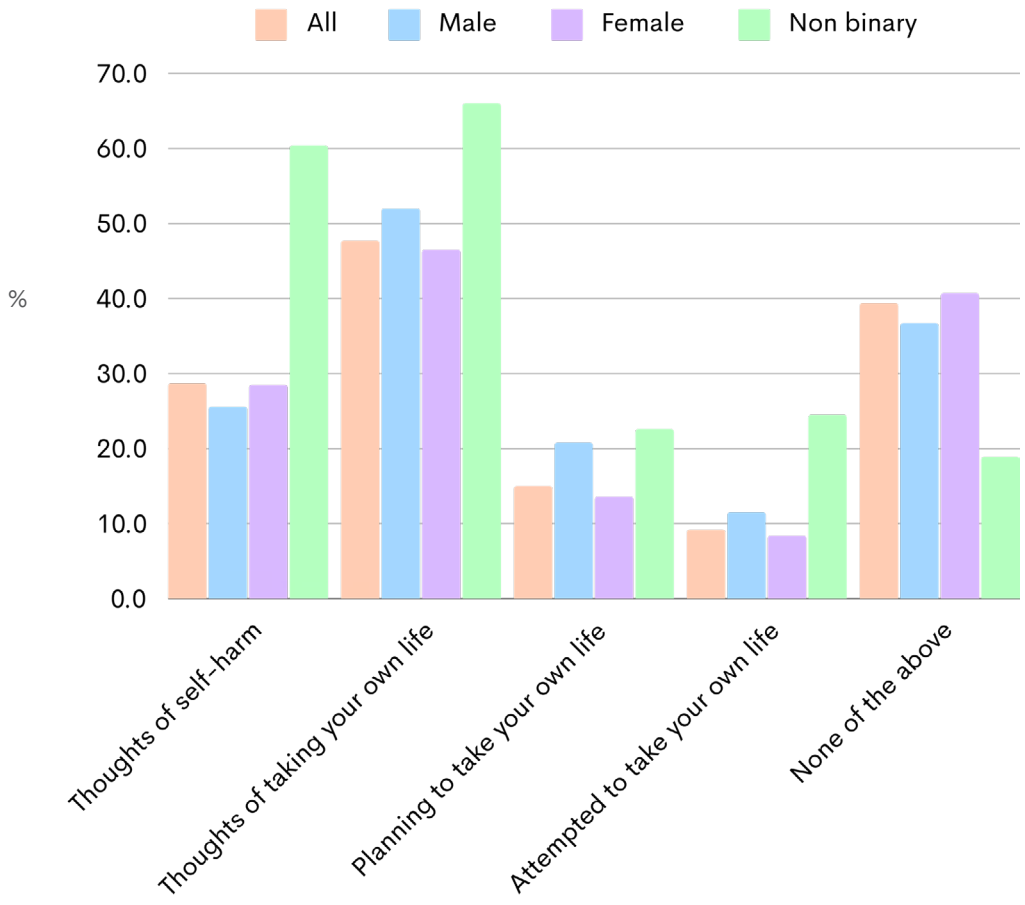
Nearly half of all respondents (47.7%) have thought about taking their own life, with men (52%) and non-binary (66%) more susceptible to these thoughts than women (46.5%).

1 in 5 men (20.8%) and slightly more non-binary (22.6%) had gone so far as to make plans to end their life.

28.7% of respondents experience thoughts of self-harm, with non-binary respondents more than twice as likely to have thoughts of this nature (60.4%).

8

Sometimes people feel that life is not worth living because of chronic pain.
Do you experience any of the following (Select ALL that apply).



If you, or someone you know, is experiencing crisis visit your nearest hospital emergency or call Lifeline on 13 11 14.

Helplines have the potential to help more people living with chronic pain if they understand the condition better

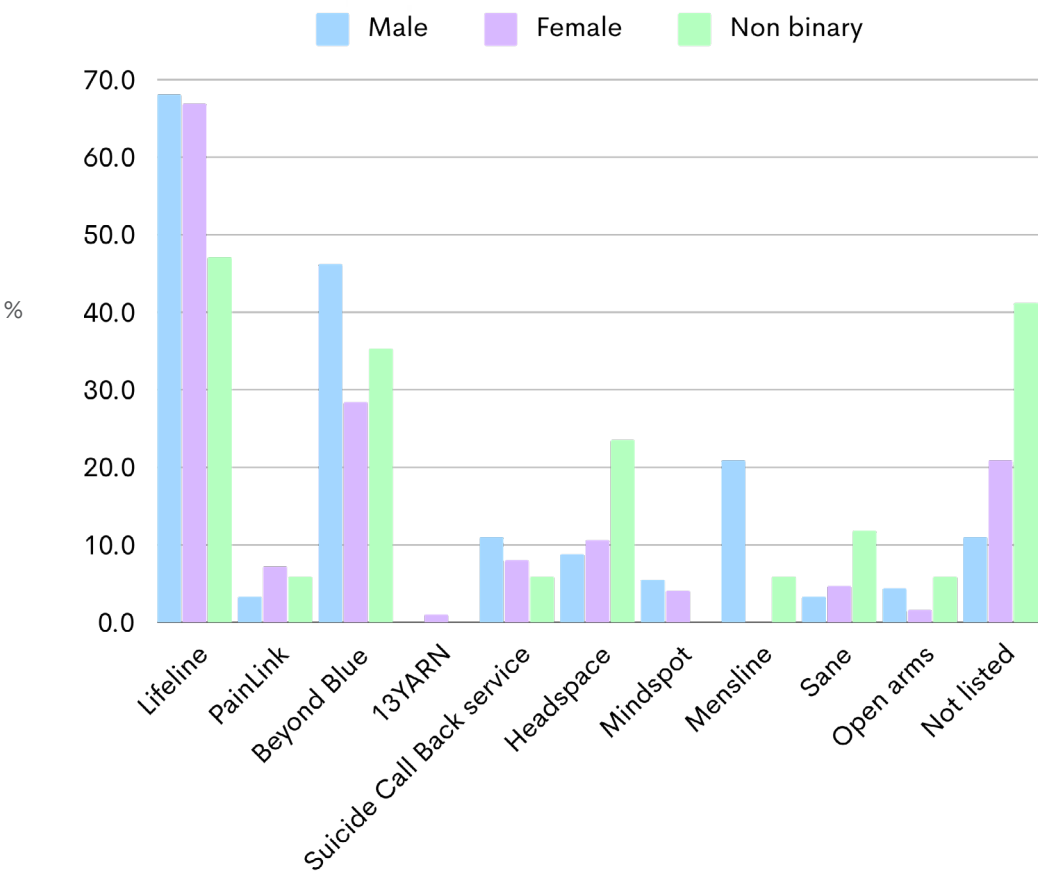
1 in 5 (19.5%) of respondents have sought mental health help via a helpline.

Lifeline is the most used service, with 68.1% of men, 66.9% of women, and 47.1% of non-binary respondents using it.

However, the majority (61.3%) of those who used a helpline felt like the service provider did not understand chronic pain.

9

Which phone helpline(s) have you called in relation to your chronic pain.
Please select ALL that apply.



The cost of managing their pain condition is forcing respondents and their households to go without essentials

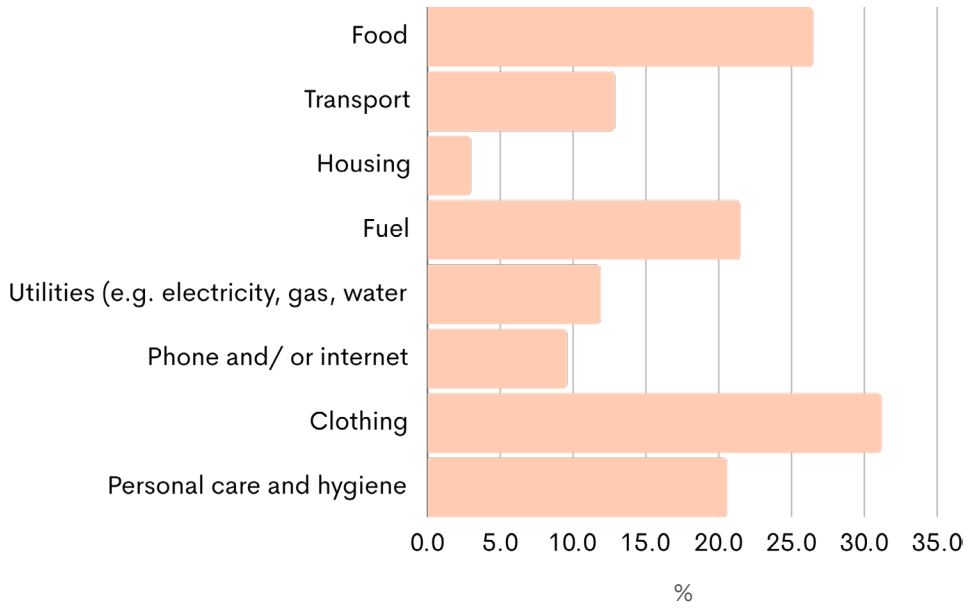
In a cost-of-living crisis, healthcare costs for people living with chronic pain are significant. 12.9% of respondents say they spend over $200 a week on medication and appointments related to their chronic pain condition. 21.2% are spending between $100 and $200 a week, and 32.7% are spending $50-100 a week. A quarter of respondents are spending less than $50 a week, either because they are able to contain costs or because they have to deprioritise these expenses.

Some respondents have to do without essential household items to afford medicines and healthcare to manage their chronic pain.

26.5% had to cut back on food costs, 12.9% cut back on transport, 11.9% had to reduce their use of utilities such as electricity, gas and water, and nearly 1 in 10 (9.6%) reduced their use of phone and or internet services.

10

In the last 12 months, I and/or my household went without the following essential household items, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.

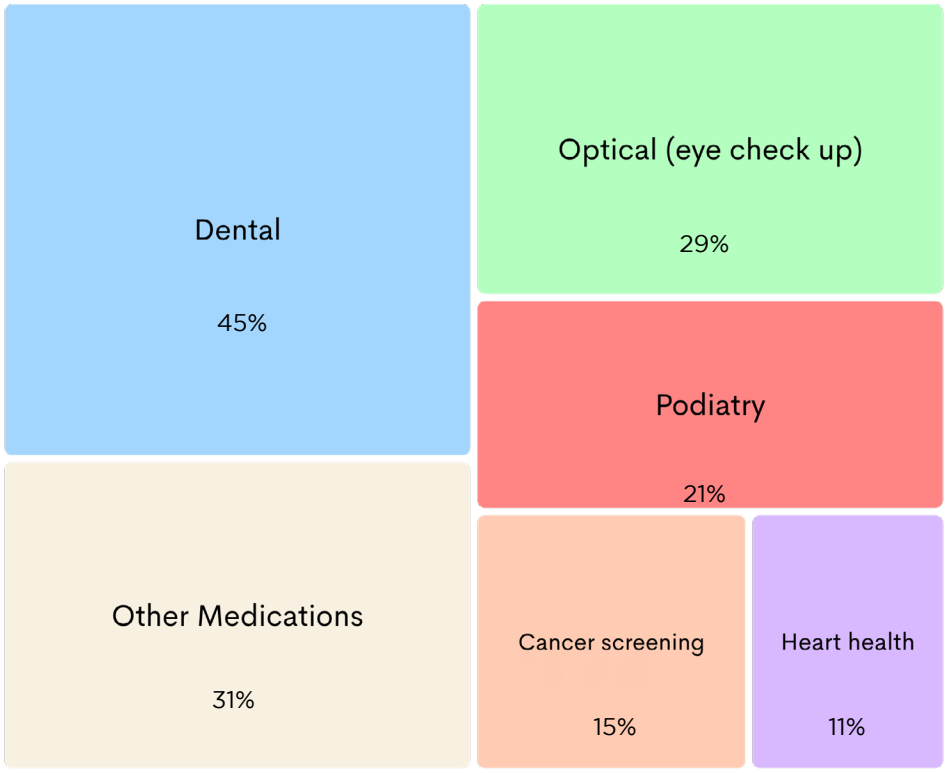


Respondents are deprioritising other health care appointments, including preventative care, potentially worsening long-term outcomes

Dental care is an area in which many respondents are cutting back to afford medicines or treatment, with 45% of respondents saying that they or their household have had to go without. Respondents and their households are also cutting down or going without preventative check-ups, with 29% skipping optical appointments, 14.9% skipping cancer screening, 10.5% skipping heart health appointments, and 21.2% going without podiatry services. 3 in 10 (30.6%) are also cutting down or going without over-the-counter medications, such as nutritional supplements, allergy medications, and cough and cold medications.

11

In the last 12 months, I and/or my household deprioritised other health care checks, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.



Respondents are seeing multiple healthcare providers multiple times a year

Half of respondents (49.9%) spend between 3 and 10 hours a month getting to and attending pain management appointments with 14.3% having to spend more than 11 hours a month.



42.1% of respondents visit their GP monthly, with **18.2%** needing to go fortnightly and **2.9%** forced to go weekly.



Pharmacists are also among the most frequently visited health professionals, with **35.4%** of respondents needing to go to the pharmacy once a month and **42.8%** needing to go even more frequently.



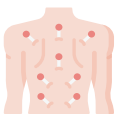
A quarter of respondents **(25.1%)** are seeing a psychologist or counsellor once a month or more.



37.5% are going to medical specialists, such as a rheumatologist, psychiatrist, neurologist or gynaecologist more than 3 times a year.



37.2% see an allied health professional – such as a physiotherapist, exercise physiologist, occupational therapist or dietitian – monthly or even more frequently.



A quarter **(25.2%)** are accessing other management services, such as massage or acupuncture, once a month or more.

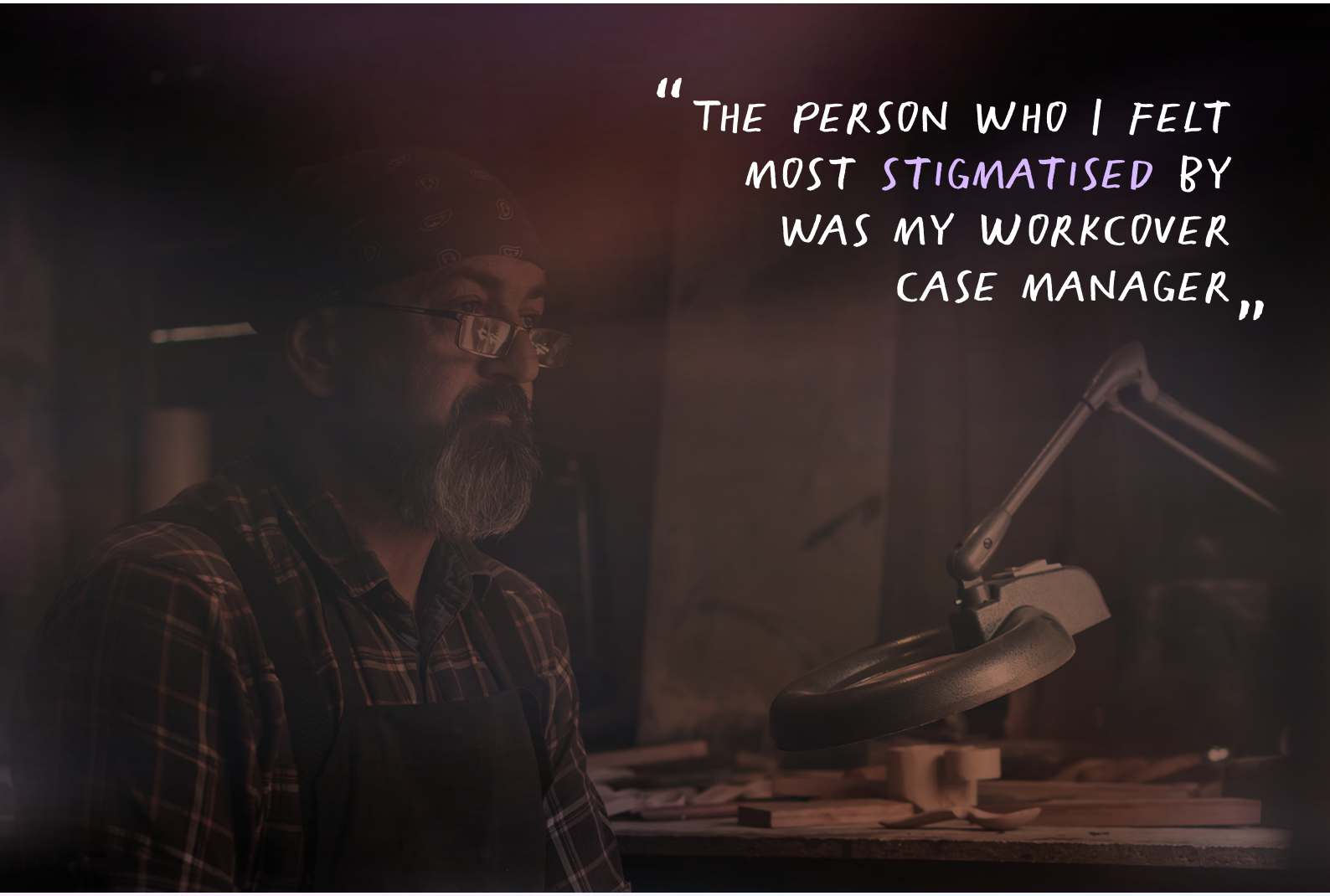
Workers compensation is not working and might be worsening pain

1 in 6 (16.8%) of respondents have been or are on workers' compensation (or equivalent), either not working, on reduced hours, on different duties, or reduced hours AND different duties due to their chronic pain.

Of 10.7% of those who are or have been on workers comp or equivalent, 63.5% felt that their case manager did not understand them, and 68.6% did not feel that their case manager was knowledgeable about chronic pain.

60.8% felt that the funding they received through their claim was not sufficient to access the necessary pain services, and 66.7% of respondents said that they did not receive access to appropriate services in a timely manner.

75.5% of respondents were not satisfied with their workers' compensation experience, with 53.9% strongly disagreeing that they were satisfied.



The GP shortage is making it difficult to access appropriate and timely care

GP access is an ongoing challenge, with 58.3% of respondents saying that their GP was unavailable for 2 weeks or more when they tried to book in the last six months. 7% said GPs they tried to access had their books closed and 11.5% said the GP they tried to book was not accepting new patients.

Nearly 1 in 10 (9.8%) said that a GP they had tried to book did not want to see people with chronic pain or using opioids.

A third of respondents have not been offered or provided with a medicine management plan

39.8% of respondents have had their medicine management plan reviewed by a GP and 18.2% have had a review from a GP and a pharmacist, but only 3% had relied on a pharmacist alone for that service.

A third of respondents (33.6%) had never had a medicine management plan discussion or review.

Long Covid exacerbates chronic pain

64.7% of respondents have had Covid-19, and 12% of respondents have been diagnosed with Long Covid. 69.2% of respondents with Long Covid say that it has worsened their pain.

Cost is the most significant barrier to accessing healthcare for respondents, but not the only one

Cost is the greatest barrier to accessing professional services or specialists for chronic pain management, with 66.2% of respondents identifying this challenge. Other access issues include knowing who they should go and see about their condition (47.5%), finding a supportive doctor (42.4%), transport (28.7%), geographical distance for those living in rural or remote areas (26.6%), getting an appropriate referral (23%).

In-person appointments are still the most common way to seek care, but telehealth is popular among those who use it

The most common way for respondents to attend appointments was in person, by themselves, with 62.8% saying this is how they usually attend.

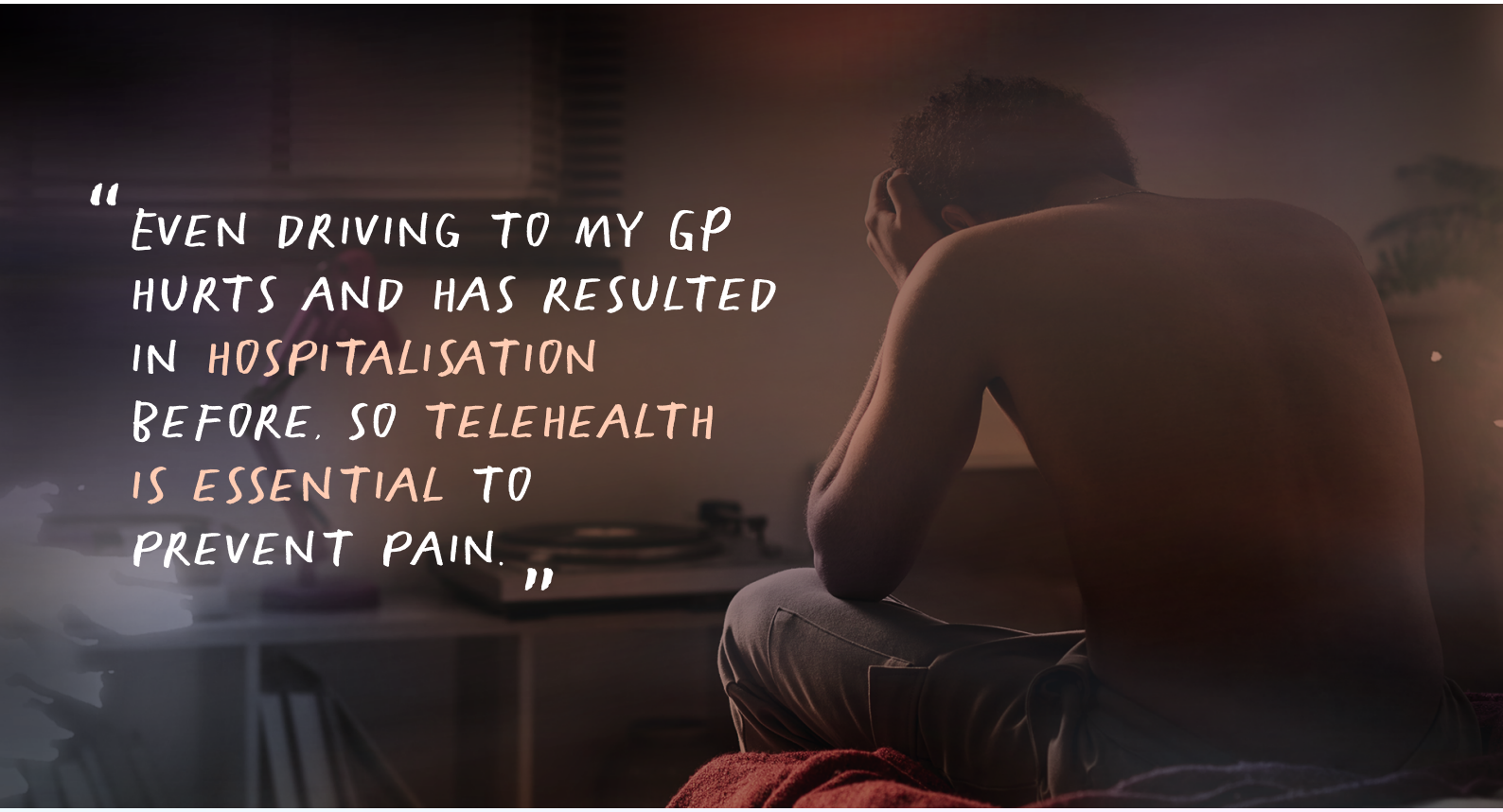
18.1% attend in person with a support person and 1 in 10 do a telehealth appointment by themselves. A very small number attend telehealth appointments supported by a family member or friend (0.9%) or a GP or other health provider (0.8%).

Of those who use them, 88.5% like telehealth appointments. Respondents who like them cite the fact that their pain prevents them from attending in-person appointments, making this service essential so they can continue receiving treatment. The majority of telehealth appointments are conducted from home.



1 in 6 respondents find a lack of telehealth options

14.2% struggle to get time off work to attend appointments



Opioid deprescribing has worked for some respondents but substitutes are not always effective

Since the move to reduce opioid prescriptions, 1 in 5 respondents (19.7%) have been forced to reduce their opioids, with no choice offered.

When respondents chose to reduce their opioids, as 8.7% did, many were positive about the experience.

> "DOCTORS WILL NEVER GIVE ME PAIN RELIEF. ONLY NERVE BLOCKERS. THEY RECOMMEND PANADOL AND NUROFEN FOR MIGRAINES."



A range of medicines are being offered to substitute opioids, from medicinal cannabis to anti-depressants

Anti-depressants (26.9%) and anti-inflammatory medication such as Voltaren or Nurofen (26.8%) were the most common substitutes for opioids prescribed to survey respondents.

Medicinal cannabis was prescribed to 18.9% of men and non-binary respondents, but notably fewer female respondents (13.6%).

Other prescribed substitutes were sedatives (sleeping medication) at 12.4% and anti-convulsants (used for nerve pain) at 14.1%.

Some respondents also reported being offered ketamine and muscle relaxants.

Over half of respondents who have tried medicinal cannabis found it helpful, but there are barriers to using this treatment

27.9% of respondents have accessed medicinal cannabis as part of their pain management strategy, and 38.2% say they would like to or are planning to.

Of those who had tried it, 54.6% found it helpful, but 35.1% did not.

The greatest barrier to obtaining medicinal cannabis is cost, with 46.3% citing this as a reason it was hard to obtain. 26.9% of respondents also struggled to find a healthcare provider to prescribe it.

A third (33.1%) of respondents said that restrictions on driving were a barrier to use. Other barriers cited were issues with work drug testing, lackof information and interactions with other medications.

12 Do you use any other ways to manage your chronic pain? Please select ALL those that apply. Your answers will remain confidential.



As in previous years, respondents reported resorting to alcohol, smoking, and recreational drugs to self-medicate

Respondents reported resorting to non-prescription substances to treat their pain. Alcohol was the most popular of these, with 28.4% of men, 16.7% of women and 24.5% of non-binary people using it to manage their symptoms.

1 in 10 respondents (9.8%) use cigarettes to cope with their pain.

Non-medicinal cannabis is used by 14.8% of men, 9.5% of women and 18.9% of non-binary respondents.

2.5% of men, 1.3% of women and 7.5% of non-binary respondents turn to recreational substances to help them cope. Some of the substances mentioned were cocaine, ketamine, MDMA, methamphetamine, psilocybin and heroin.

1 in 6 respondents (16.1%) said that they used other methods to try to manage their pain, ranging from heat pads, ice, and aromatherapy, yoga, distractions such as reading, social media, crosswords and gardening to more harmful coping mechanisms such as binge eating.

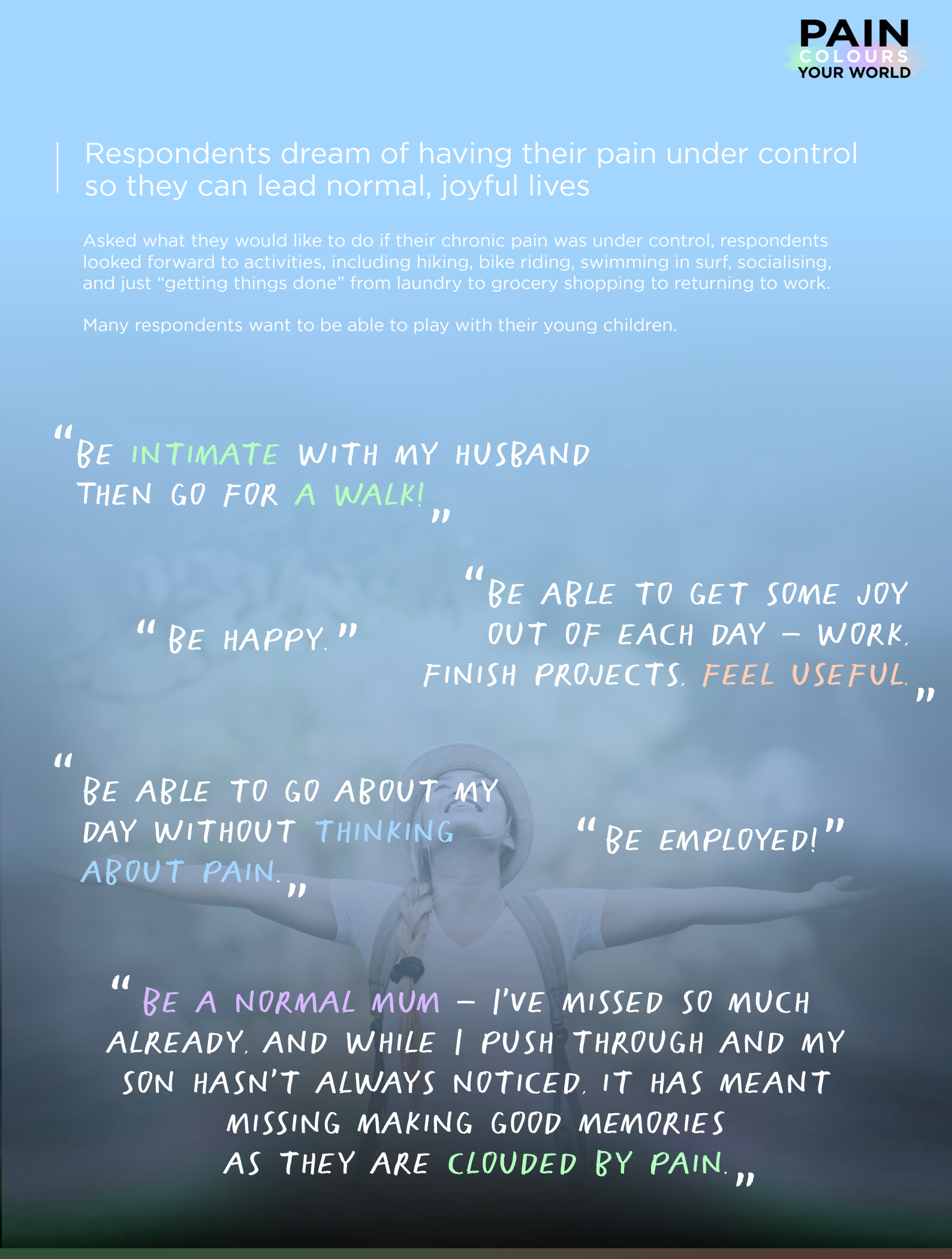
"I AM NO LONGER ABLE TO ACCESS PRESCRIBED PAIN RELIEF. GPS TELL ME THEY CAN'T GIVE ME ANYTHING & EDS WON'T GIVE ME ANYTHING BECAUSE I 'CAN'T BE IN THAT MUCH PAIN."



Respondents dream of having their pain under control so they can lead normal, joyful lives

Asked what they would like to do if their chronic pain was under control, respondents looked forward to activities, including hiking, bike riding, swimming in surf, socialising, and just "getting things done" from laundry to grocery shopping to returning to work.

Many respondents want to be able to play with their young children.



The experience of chronic pain in rural and remote areas



1 in 2 (50.4%) rural and remote respondents said they have had to stop work entirely, as opposed to 4 in 10 metro respondents.



44.5% of rural and remote respondents felt they had been treated as drug-seekers, compared with 40.8% of metropolitan respondents.



21% of rural and remote respondents felt stigma from their spouses or life partners, versus 17.9% of metro respondents.



1 in 5 (21%) of rural and remote respondents reported calling a phone helpline, more than the 18.1% of metro respondents.



2 in 3 rural and remote respondents who had called a helpline had turned to Lifeline. Rural and remote respondents were more likely to use other phone services as well, including Painlink, 13YARN, Headspace, Mensline, and Open Arms.

1 in 2

48.8% of rural and remote respondents are more likely to have thought about taking their own life.

1 in 10

1 in 10 (9.9%) have gone so far as to attempt to take their own life.



30.8% of rural and remote respondents have a mental health management plan, in comparison with 38.1% of metro respondents.



46.2% of rural and remote respondents have struggled to afford dental health care in addition to pain management.

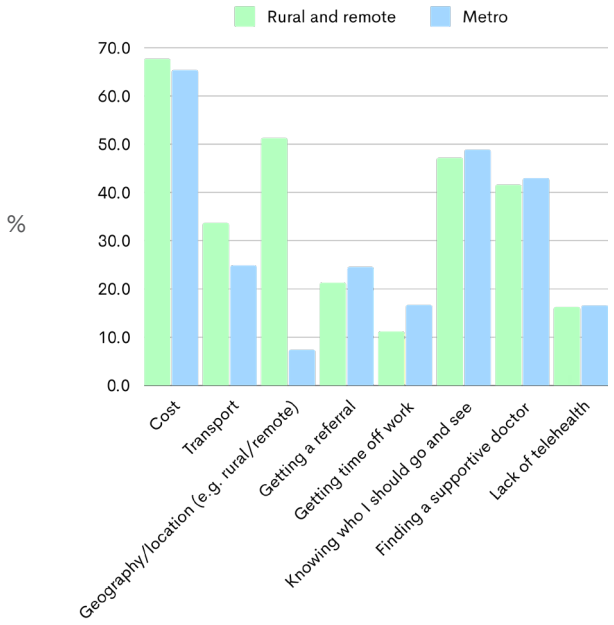


1 in 2 (51.3%) of rural and remote respondents named geographical challenges as a barrier to accessing pain management services.



2 in 3 (67.7%) struggle with the cost of pain care.

13 Do any of the following issues prevent you from accessing health professional services/specialists for your chronic pain? Please select ALL that apply.

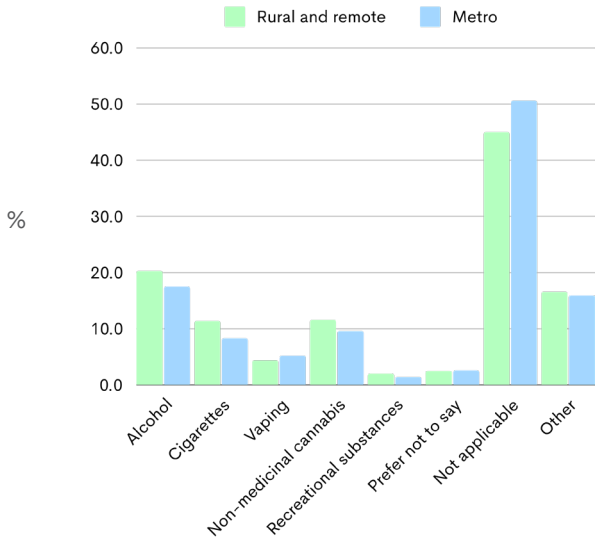


Rural and remote respondents were more likely to struggle to get a timely appointment with a GP, with 64.7% saying GP appointments were unavailable within two weeks, compared with 53.4% of metro respondents.

Rural and remote respondents were also more likely to have been forced off opioids since opioid deprescribing, with 1 in 5 (21.8%) forced off the medication, compared with just over 1 in 6 metro respondents (17.7%).

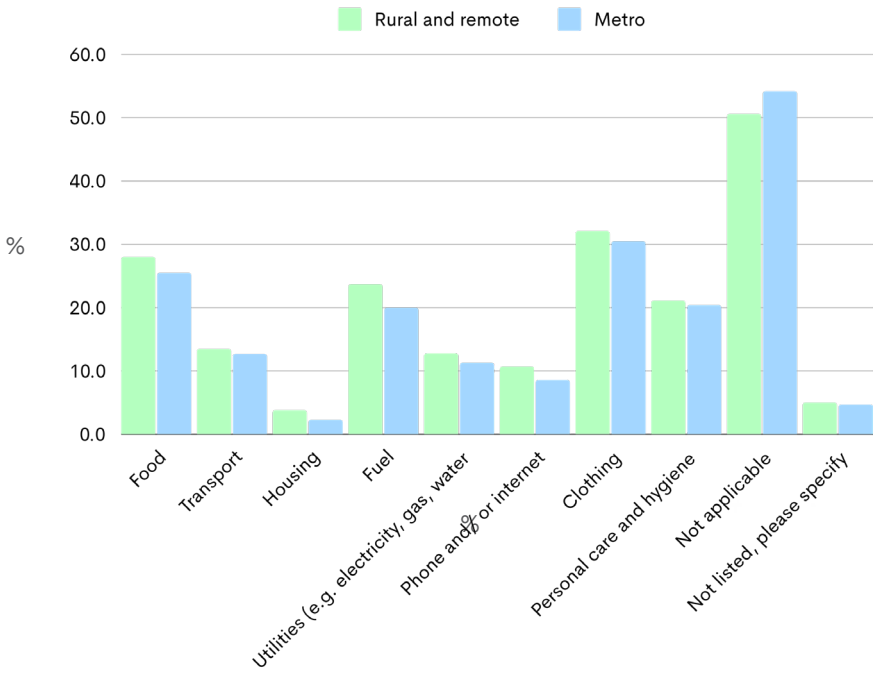
Respondents in these areas were more likely to self-medicate with non-prescription substances than metro respondents.

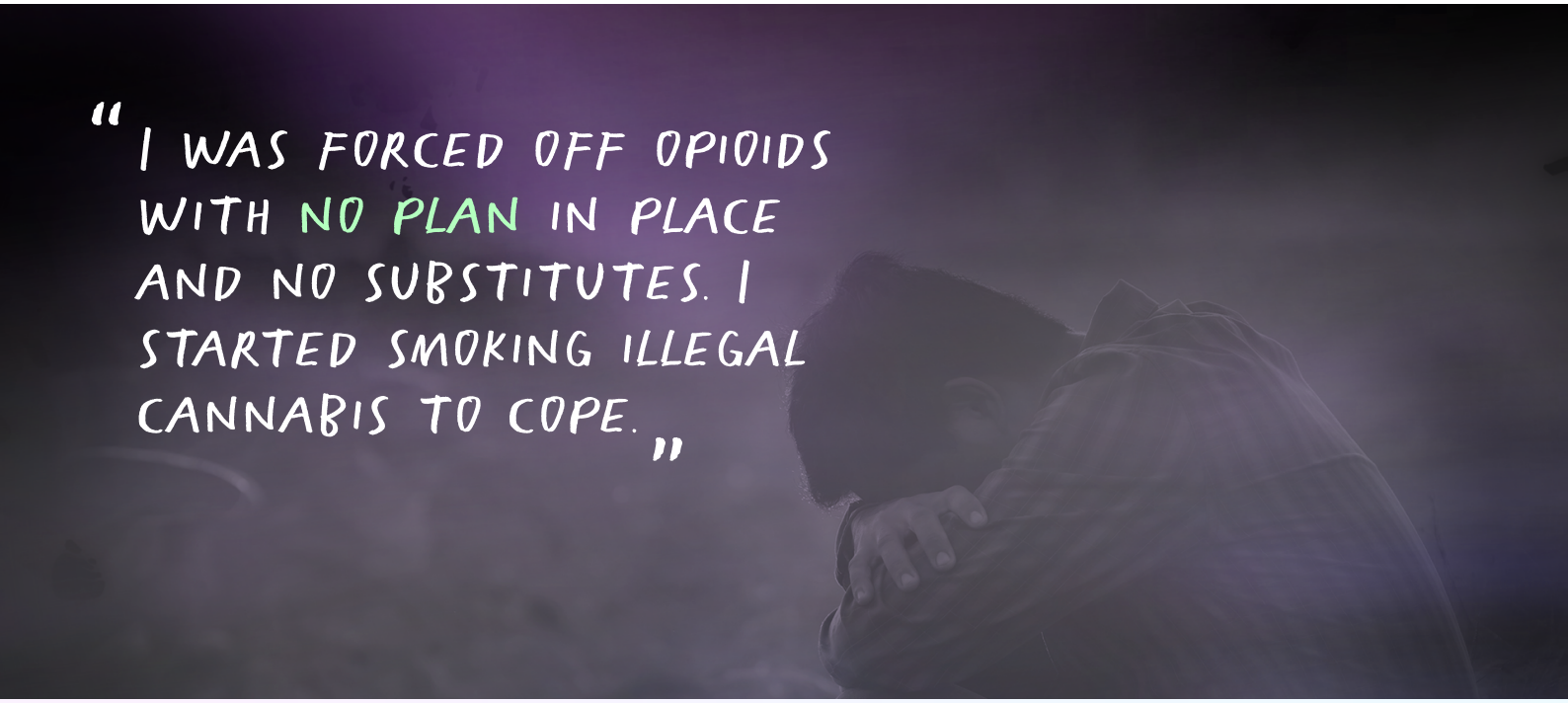
14 Do you use any other ways to manage your chronic pain? Please select ALL those that apply. Your answers will remain confidential.



Rural and remote respondents were more likely to have had to go without all categories of essential items in order to afford medicines and healthcare for chronic pain management.

15 In the last 12 months, I and/or my household went without the following essential household items, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.





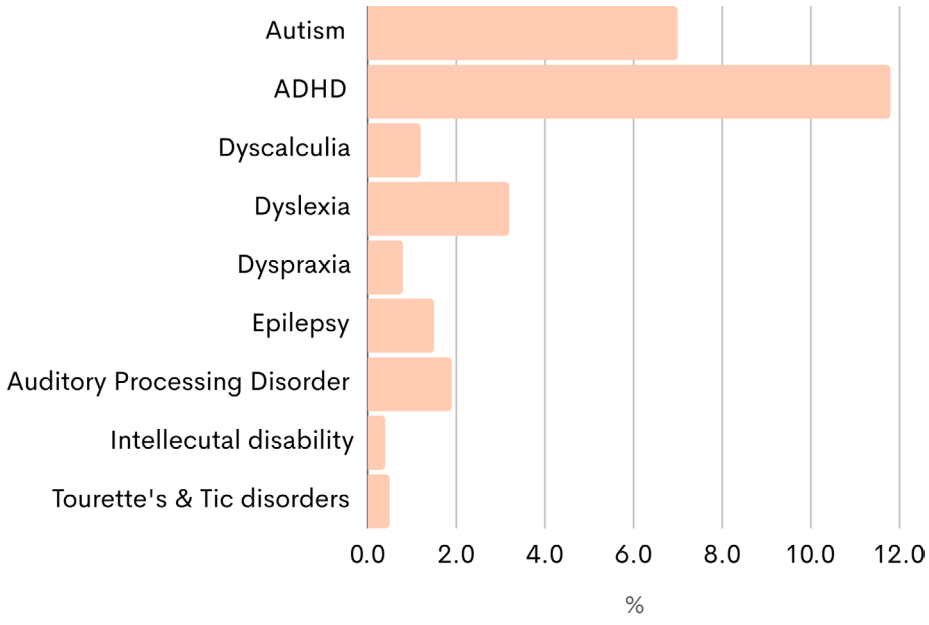
Neurodiverse Australians are more likely to be living with chronic pain

11.8% of respondents reported living with ADHD, nearly three times the number as the 4.4% of adult Australians diagnosed with ADHD in the general population. (National Institute of Mental Health).

7% of respondents identified as being on the autism spectrum – about 10 times the number in the general population.

16

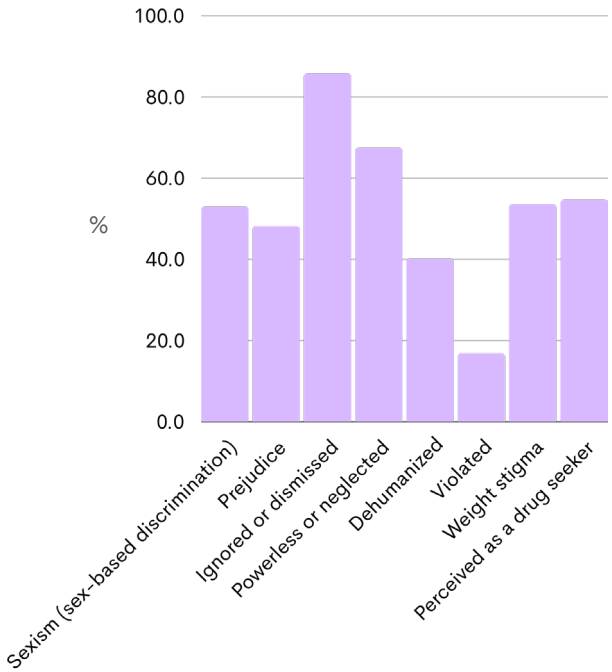
Have you been diagnosed with any of the following? Select ALL that apply.



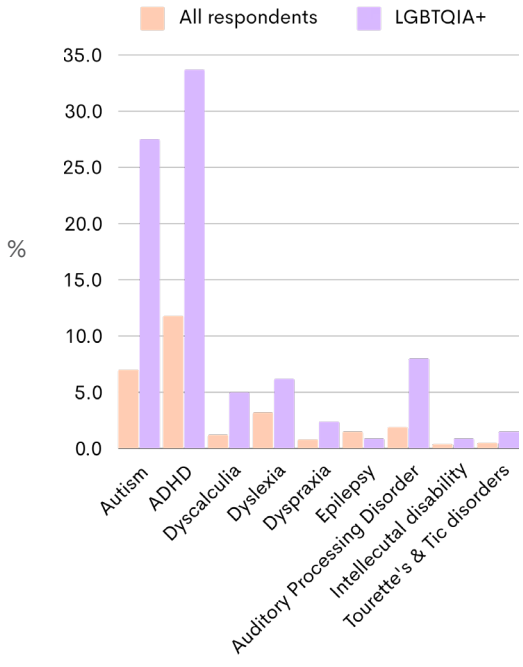
LGBTQIA+ respondents experience higher-than-average discrimination and mental health issues

LGBTQIA+ respondents experience high levels of discrimination related to their chronic pain.

17 Have you experienced or felt any of the following when accessing healthcare services for your chronic pain? Select ALL that apply.



18 Have you been diagnosed with any of the following? Select ALL that apply.

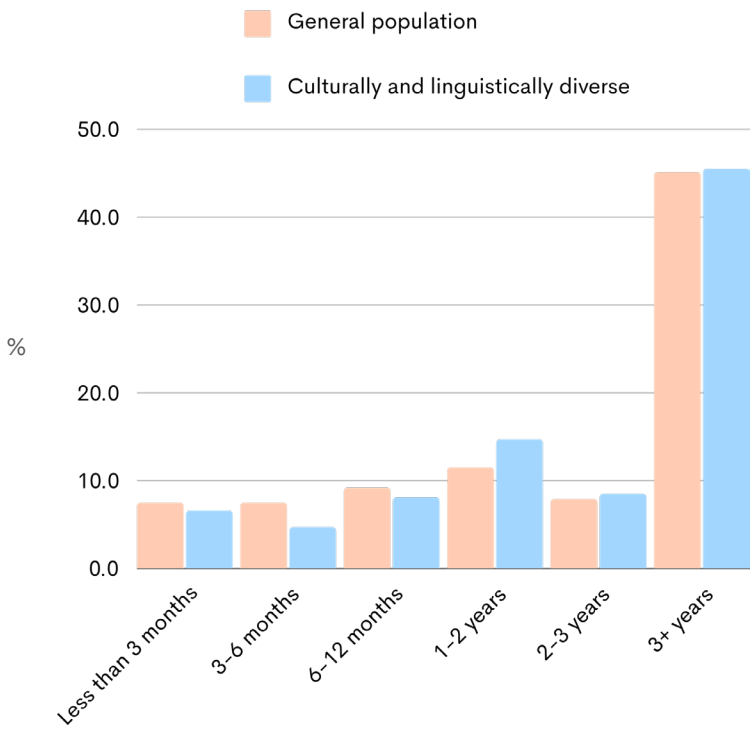


Culturally and linguistically diverse respondents are slow to be diagnosed and experience increased discrimination

Culturally and linguistically diverse Australians often struggle to access services, and respondents to the National Pain Survey are no different.

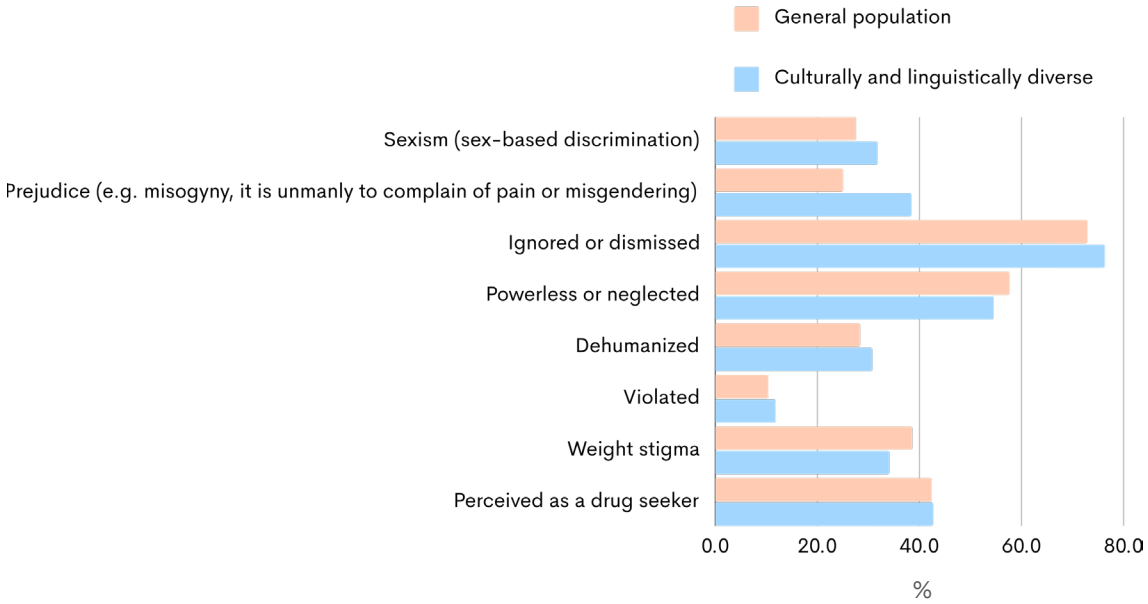
It took longer for culturally and linguistically diverse respondents to be diagnosed with chronic pain than the general population.

19 How long did it take to receive a diagnosis for your chronic pain?



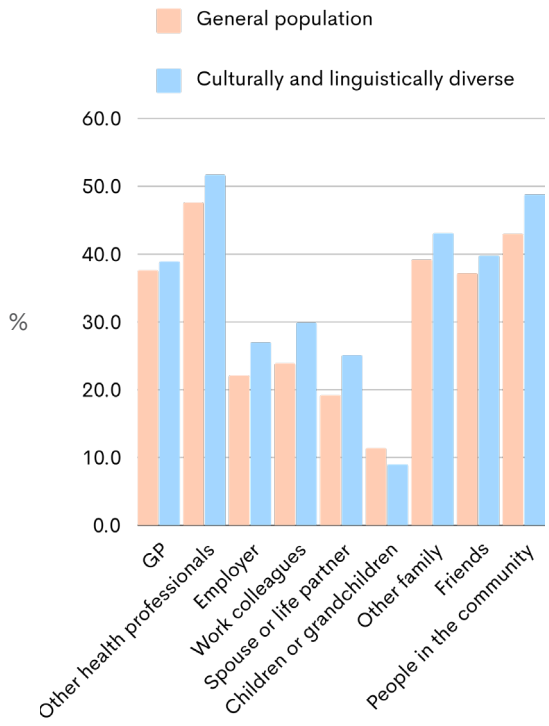
CALD respondents also experienced greater discrimination from health providers.

20 Have you experienced or felt any of the following when accessing healthcare services for your chronic pain? Select ALL that apply.



They are also more likely to feel stigmatised as a result of their chronic pain.

21 Do you experience stigma from any of the following people, in relation to your chronic pain? Please select ALL that apply.

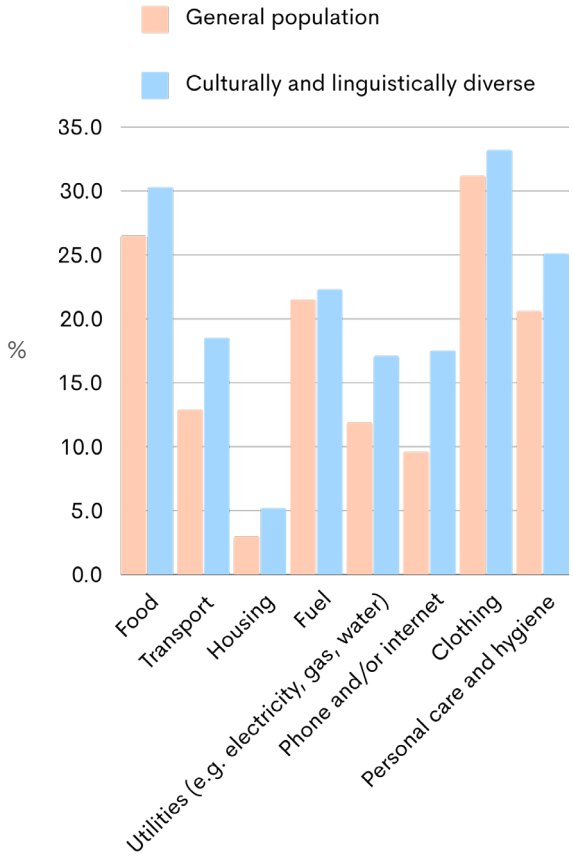


More than a quarter (26.1%) of CALD respondents had used a phone helpline, with Lifeline contacted by 1 in 6 (16.6%). Of CALD respondents who had used a phone helpline, only 1 in 10 (10.4%) felt the service provider understood chronic pain.

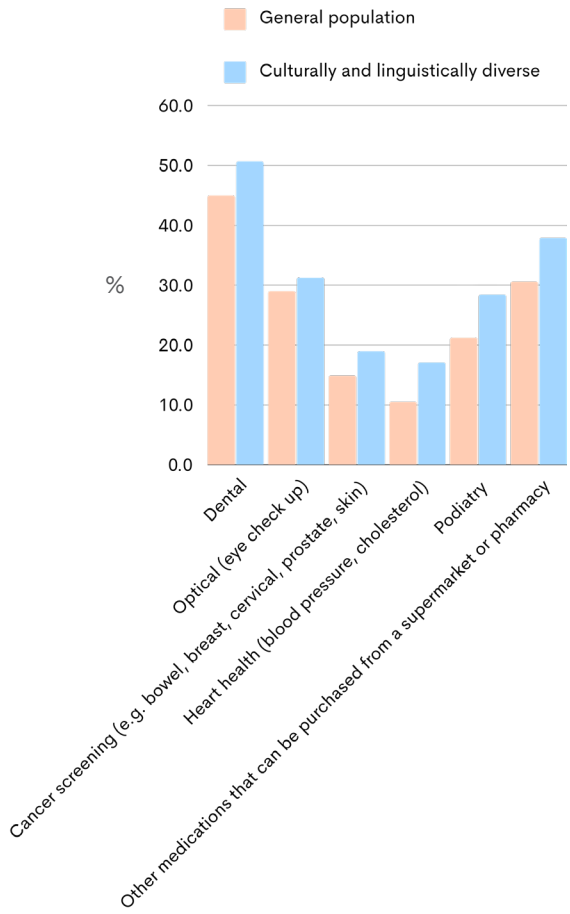
Almost half (49.8%) of CALD respondents had considered taking their own lives, and nearly 1 in 5 (19%) had gone so far as to make plans to do so, with 1 in 10 (10.9%) going through with an attempt.

One in six (16.6%) CALD respondents are spending more than $200 per week on health costs related to pain management. This has forced many CALD households to cut back on essential items, with nearly twice as many cutting back on phone or internet costs as the general population.

22 In the last 12 months, I and/or my household went without the following essential household items, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.



23 In the last 12 months, I and/or my household deprioritised other health care checks, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.



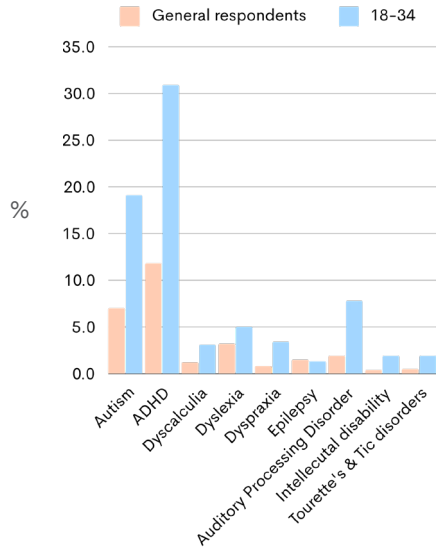
Reverse ageism creates stigma and barriers to care for younger Australians

9 in 10 respondents between the ages of 18 and 34 yearsreporting being ignored or dismissed by health professionals.

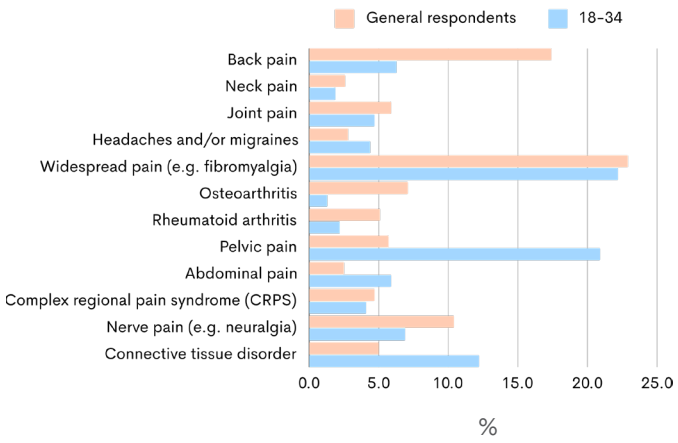
Young people living with chronic pain are more likely to be neurodiverse than other respondents.

Respondents in the 18-34 year old group were more likely to have pelvic pain or connective tissue disorder than the general population of respondents.

24 Have you been diagnosed with any of the following? Select ALL that apply.

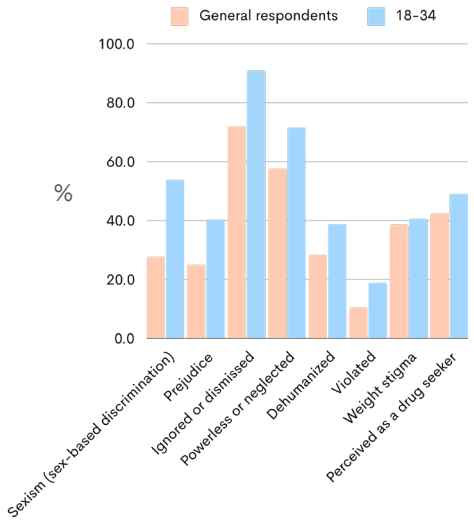


25 Which of the following best describes your chronic pain? Please select ONE option.

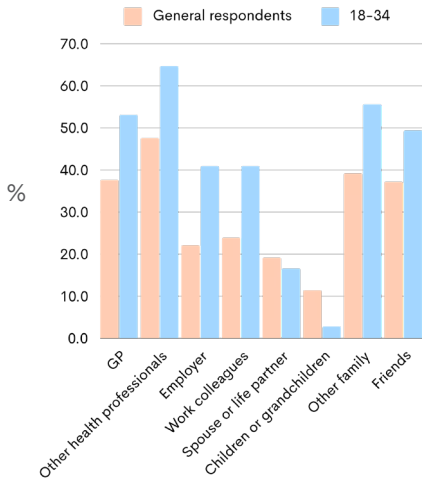


They were more likely to experienced discrimination when accessing care.

26 Have you experienced or felt any of the following when accessing healthcare services for your chronic pain? Select ALL that apply.



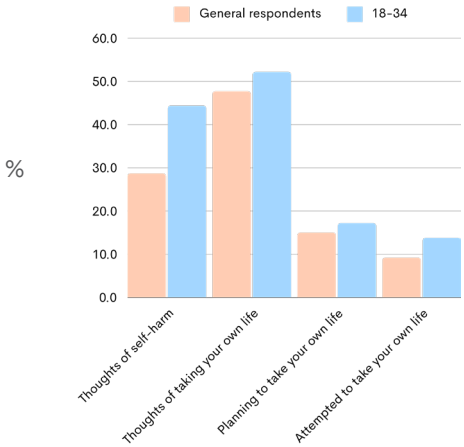
27 Do you experience stigma from any of the following people, in relation to your chronic pain? Please select ALL that apply.



They also struggle more with mental health issues and lack of productivity at work, among other life changes resulting from their pain.

Young people living with chronic pain are at higher risk of self-harm and suicidality, with over half (52.2%) having thoughts of taking their own life and 13.8% making an attempt to do so.

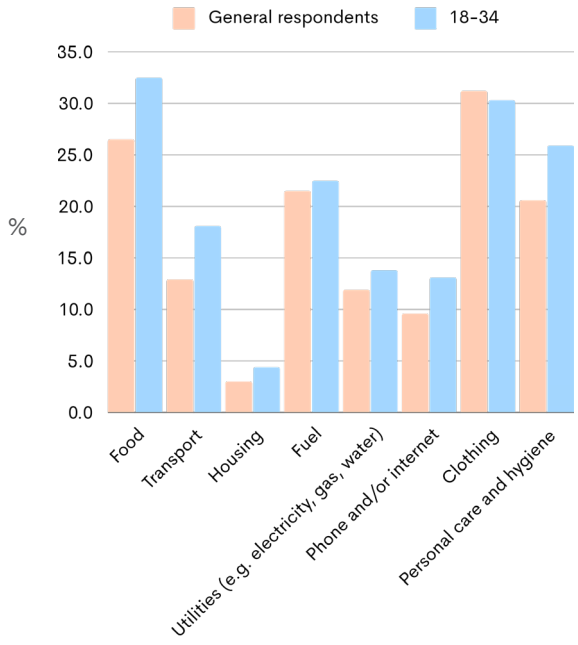
28 Sometimes people feel that life is not worth living because of chronic pain. Do you experience any of the following (Select ALL that apply).



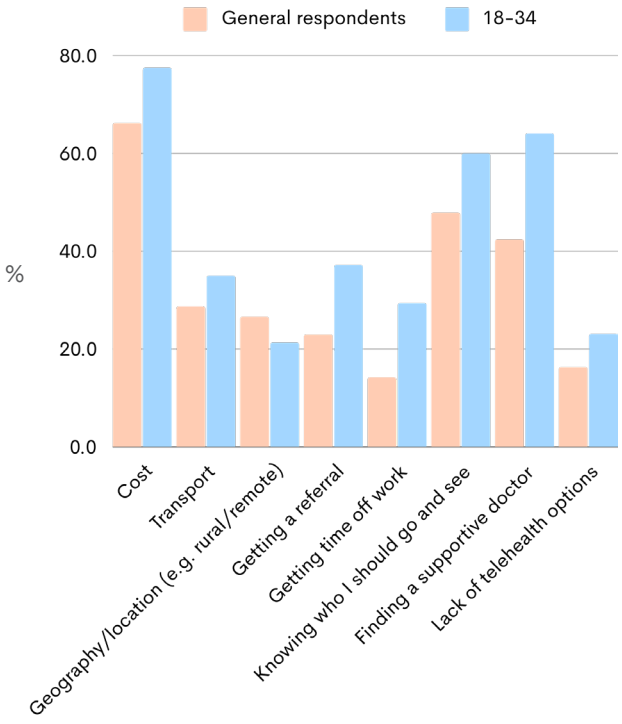
This cohort, like many others, is struggling to afford the health care they need to manage their pain, and they and their households are going without essentials to afford pain management.

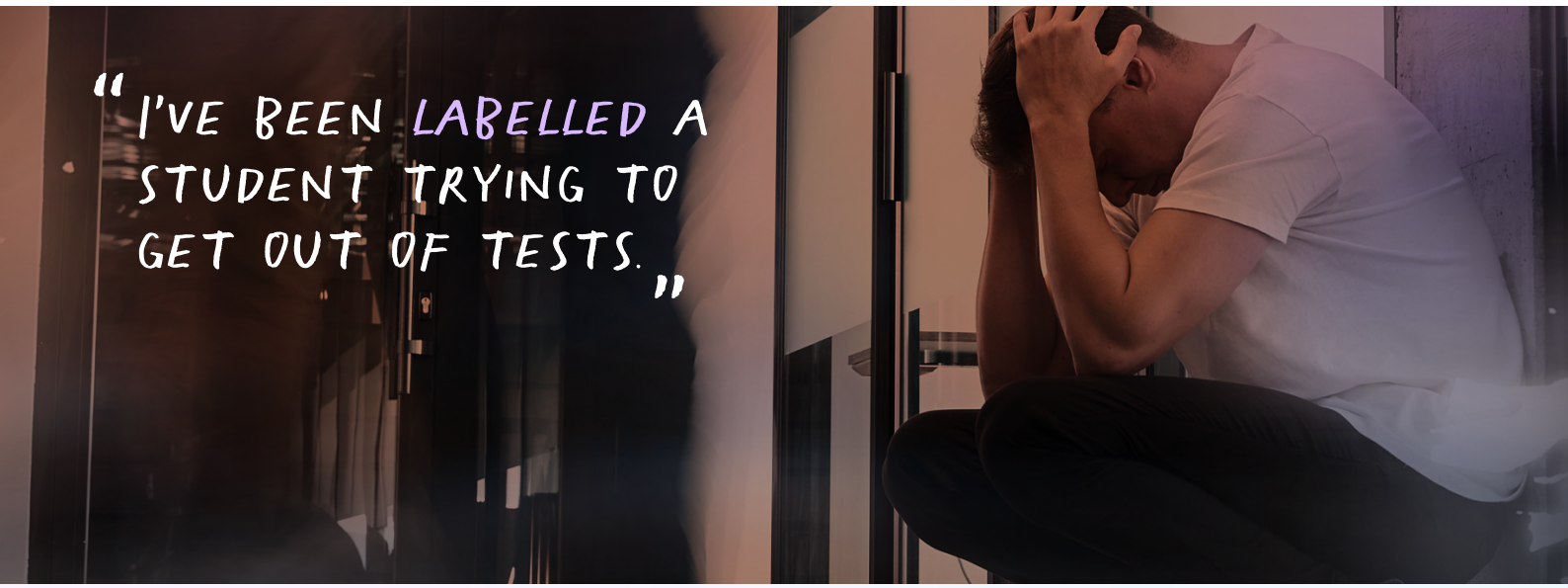
Accessibility barriers for 18-34 year old respondents include cost, transport, the ability to get a referral, getting time off work, knowing who to go and see, and finding a supportive doctor.

29 In the last 12 months, I and/or my household went without the following essential household items, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.



30 Do any of the following issues prevent you from accessing health professional services/specialists for your chronic pain? Please select ALL that apply.





2024 Survey Methodology

The 2024 National Pain Survey (NPS) is an online cross-sectional survey which aims to explore the experiences of adult Australians living with chronic pain or caring for someone with chronic pain. The survey was publicly available from 29 April 2024 to 1 June 2024.

Recruitment strategies targeted individuals aged 18 and over in Australia, who either experienced chronic pain or were caregivers for individuals with chronic pain. Various channels, including the Chronic Pain Australia (CPA) website, social media, email, and collaborations with relevant organisations, were utilised for participant recruitment.

Consenting participants completed the approximately 20-minute online survey, covering topics related to chronic pain experiences, including awareness, access, and affordability issues. The survey also explored the research wants and needs of people living with chronic pain. The collected data, comprising both quantitative and qualitative information, were securely stored using the online survey management software, REDCap.

Quantitative data analysis involved descriptive statistics using software like Excel or STATA/IC 15 to summarise findings such as frequencies, percentages and means. Bar charts, row charts, pie charts and tree map charts were also generated to present the data visually. Qualitative data were analyzed descriptively, with qualitative responses summarised and quotes extracted. Subgroup analysis based on participant characteristics, such as age, gender, rurality, income and other characteristics was conducted to explore potential influences on awareness, affordability, and accessibility related to chronic pain experiences.

The study received ethics approval from the Hunter New England Human Research Ethics Committee of Hunter New England Local Health District (Reference 2023/ETH00640).
To ensure participant rights, privacy, and confidentiality, consent was obtained from all participants, responses were anonymous and data were securely stored. The research adhered to ethical guidelines established by the ethics committee, ensuring the integrity and ethical conduct of the study.

About Chronic Pain Australia

Chronic Pain Australia (CPA) is the national voice for the 3.6 million Australians living with chronic pain. Established with a vision to validate, equip, and empower individuals experiencing chronic pain, CPA strives to ensure that every Australian with chronic pain is an active participant in their own care.

National Pain Survey

The National Pain Survey is the longest-running survey documenting the experiences of Australians living with chronic pain. The NPS gathers invaluable data that informs Chronic Pain Australia's advocacy efforts, helping to shape better policies and practices in pain management across the country. The insights from this survey are pivotal in understanding the evolving needs of the chronic pain community.

About National Pain Week

One of Chronic Pain Australia's cornerstone initiatives is National Pain Week, a dedicated period each year where we bring attention to the challenges faced by those living with chronic pain. During this week, we offer a platform for education, awareness, and community engagement through events, webinars, and campaigns.

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COLOURS
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PAINCHANGERS LET YOUR
TRUE COLOURS SHINE THROUGH
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Australia
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HALEON