National Pain Survey 2019
Answers reported by key themes and metrics
Total number of survey respondents - 1251

Demographics 1
General Practitioners 2
Pharmacists 3
Other health professionals 5
Federal Government 6
Stigma 7
Medicinal cannabis 9
**Question 1**  
*What is your age?*

18-24: 2.24%  
25-34: 9.46%  
35-44: 18.35%  
45-54: 26.92%  
55-64: 26.04%  
65-74: 13.70%  
75+: 3.29%

**Question 2**  
*What is your gender?*

Female: 84.90%  
Male: 14.22%  
Transgender: 0.08%  
Other: 0.32%  
Prefer not to say: 0.48%

**Question 3**  
*What state do you live in?*

[Map showing various states with percentages]
Question 4
How often do you visit your GP about your chronic pain?

[Graph showing frequency of visits]

- Weekly: 4.62%
- Fortnightly: 18.58%
- Monthly: 41.40%
- 3-4 times per year: 20.95%
- Less often: 14.45%

Question 5
On a scale of 1-10 how well do you think your GP manages your chronic pain?

8/10

Question 6
What are the most important things for GPs to know, understand and do when treating someone living with chronic pain?

- Listening to the patient is very important. Sometimes ‘just being listened to’ helps more than any medication ever can.
- That it’s not in our head and it’s hard to explain pain.
- The toll it takes on mental health.
- Depression and isolation also empathy.
- Our pain is different for each individual person. My 10 may be different to your 10. Pain can be seen through the eyes.
- Medication is a part of treatment. Doctors and complimentary allied health services people NEED to communicate.
- That it is real, exhausting and we need help to get relief from the constant pain, so we can have a better quality of life.
- Side effects of pain medications.
- Understanding that cannabis helps.
- Believe the patient (25% of survey respondents).
- Be understanding.
- Pain is constantly there but it gets worse at times depending on what I do or how I sleep. It’s not in my head.

Question 7
If there was one thing your GP could do now to help you manage your chronic pain, what would it be?

- Listen Research and prescribe medical marijuana/cannabis oil.
- Referral to free/low cost treatment that is effective & where I don’t have to wait 18 months to see someone.
- Be more aware of free services offered through support organisations.
- Advocate for broader community understanding that chronic pain is best managed by exercise and personal continuity of care with my GP.
- Give me some options to try apart from medication.
- Follow through with pain management referral to specialists.
- Be my advocate.
- Prescribe more effective methods of pain relief without letting me feel like an addict or dismissing my level of pain.
- Refer me to others, like physio, mental health, pain management, don’t just chuck pills at me, listen to me when I say I don’t want them.
PHARMACIST

Question 8
How often do you visit your pharmacist about your chronic pain?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>11.16%</td>
</tr>
<tr>
<td>Fortnightly</td>
<td>19.58%</td>
</tr>
<tr>
<td>Monthly</td>
<td>37.36%</td>
</tr>
<tr>
<td>3-4 times p/year</td>
<td>9.94%</td>
</tr>
<tr>
<td>Never/rarely</td>
<td>21.96%</td>
</tr>
</tbody>
</table>

Question 9
On a scale of 1-10, how well do you think your pharmacist manages your chronic pain?

8/10

Question 10
What are the most important things pharmacists should know, understand and do when treating someone living with chronic pain?

- Don’t treat individuals like druggies or junkies (30% of respondents)
- Don’t assume you know a better treatment without knowing the full details of injuries, tolerance etc
- Pain relief is not a choice it’s a necessity
- I have a great pharmacist. What he does well is that he never questions or makes evaluative statements. He always politely enquires about how I’m going, and is encouraging of me. When I ask about medication alternatives he explains it thoroughly
- Maybe give advice on what the best medication to take
- Privacy! You cannot have an honest and reliable conversation with someone standing at a counter in a public space. Provide feedback for the patient to discuss with their GP regarding better/alternative medication options. Give the patient a feeling of choice and agency
- Recommend the best product
- No judgement of the person for using pain meds

Question 11
If there was one thing your Pharmacist could do now to help with your chronic pain, what would it be?

- Fill the script, without intrusive questions
- Their hands are tied with the tightening of prescription laws so I wouldn’t even bother with them
- Provide necessary medications without judgement (30% of survey respondents)
- No idea
- Fight to get cbd oil legalised
- He already does it. Home delivery
- Keep me updated on new products entering the market. Eg: Heat patches, rubs and comfort pillows
- Get on board with natural remedies
Question 12
Do you know about the Pain MedsCheck trial program?

NO 90.61%
YES 9.39%

Question 13
Would you do a Pain MedsCheck program in your local pharmacy?

YES 26.05%
NO 11.90%
DON’T KNOW WHAT IT IS 62.05%

Question 14
Why/why not?
• Don’t know what it is/ I have never heard about it (75 % of survey respondents)
• Anything to get rid of pain. I will try anything
• I prefer to discuss with my GP and pain specialist
• It took me so long to find a medication routine that has given back my quality of life. I wouldn’t want to have a flare. I’m satisfied with my current state
• I don’t like to take medications. If I must I’d like them reviewed often by someone more interested in my wellbeing than profiting from my pain
OTHER HEALTH PROFESSIONALS

Question 15
What other health professionals do you see to help you treat chronic pain?
- 60% of survey respondents reported seeing a combination of allied health professionals

Question 16
Were you referred to them by your GP?

YES 63.08%
NO 36.92%

Question 17
Do you find accessing these professionals easy?

YES 51.86%
NO 48.14%

Question 18
How do they help you manage your chronic pain?
- Part of a comprehensive treatment program. Assist with physical activity and mobility. Manage underlying conditions. Provide a holistic approach.
- Have a greater understanding of a multidisciplinary approach
- Make pain bearable/able to keep going on
- Education, knowledge, testing and medication
- Exercise
- Understanding pain and coping techniques
- They don’t / Make it worse

Question 19
Do you find utilising other health professionals affordable?

YES 15.20%
NO 84.80%
Question 20
Do you think the government should provide a full or partial rebate for accessing allied health professionals to manage chronic pain?

<table>
<thead>
<tr>
<th>Yes - full</th>
<th>Yes - partial</th>
<th>Unsure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>75.39%</td>
<td>20.47%</td>
<td>3.58%</td>
<td>0.56%</td>
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Question 21
What do you think is the most important thing the new federal government should do to support people living with chronic pain?
- Affordable treatments
- Better funding
- More government subsidy for medicare, allied health services and pain specialists
- Easier access to NDIS
- Medicinal cannabis on PBS or affordable
- Acknowledging it, and fund more money for pain management and exercise clinics

Question 22
What do you think is the most important thing the state government should do to support people living with chronic pain?
- Same as Federal Government (70% of survey respondents)
- More pains services
- Better access to services
- Listen

Question 23
What do you think the governments (state and federal) could do better to assist people living with chronic pain?
- Listen
- More funding
- Better education and awareness within the community and for specialist e.g Doctors
- Same as question 21 and question 22
STIGMA

Question 24
How would you rate your feelings of stigma or negative attitudes because of your chronic pain?

7/10

Question 25
If you do face stigma, can you provide examples of situations when you felt stigmatised?

- Being judged by family members, medical professionals, or people in the public

  When my normal doctor is away and need a script. You get interrogated firstly and then made to feel guilty for being in pain because the other treatments haven’t worked and he/she tells you that you haven’t obviously given them a chance and taken the easy way out. Even though you’ve tried everything over and over again for 4 years and the only thing that can help make your life even half worth living is the medication that you’re now being shamed for using because it was the last resort. He didn’t look at my chart notes that explained everything. The only notes he went straight to was my Prescription History and saw the medication that I’m on and labelled me even before I sat down. Being belittled, degraded, shamed and then trying my best to hold back the tears, nod my head in agreement because I must be what he says I am so I can get the medication I need.

  My GP makes me feel like I’m drug seeking when I tell him about my pain. I had a really bad hip, I told him it was 10/10 on the pain scale, he looked at me and said ‘Really... I don’t think it is, it’s just normal wear’ he went away on holiday so I went to his partner who agreed to give me a referral to a surgeon. The surgeon looked at my radiology, looked at my leg and picked the phone up and rang theatre to see if he could extend his theatre session. I was rushed through and he said it was actually one of the worst hips he’d ever seen and couldn’t believe I’d functioned with it. And my GP didn’t believe I was in pain !!!!

Question 26
What do you think the public should understand about living with chronic pain?

- It’s not a choice
- How constant and debilitating it is
- It’s real, not fake. Just because you can’t see it doesn’t mean we’re not in pain
- It is exhausting, depressing & can bring on suicidal thoughts
- That it’s a hidden disability. We all look fine but some days getting out of bed feels like it’s the most impossible thing on earth
**Question 26 cont.**
- It affects every aspect of life
- That it never goes away
- It’s not their problem it’s mine
- We’re not drug addicts or lazy
- It isn’t in my head
- It’s chronic
- Chronic pain affects everyone differently

**Question 27**

*Do you have any ideas as to how the general community could help people with chronic pain?*

- Education/Public awareness
- Be more understanding, compassionate and patient
- Less judging
- Have more seating around for resting places
- Recognition that it’s a disability
- Have some empathy
- Don’t park in disabled parks unless you have a sticker and stand up for them in public transport
- Support medical cannabis
- Offer jobs to people with pain and injuries, be more flexible with working conditions
- Campaign of acceptance

**Question 28**

*How important to you think it is that the public understands what it is like to live with chronic pain?*

8/10
MEDICINAL CANNABIS

Question 29
What do you think about the use of medicinal cannabis in the management of chronic pain?
- I think it’s extremely important and should be widely available and easily accessible
- I would love to be able to try it
- If it’s medicinal and it’s what helps than I think it’s ok
- Legalise it and make it available to people who need it
- It’s totally unaffordable
- Needs to be as well controlled as clozapine
- More studies need to be done on this
- I think it should be used in cases where all other pain meds have been tried or are no longer helping the patient

Question 30
How would you rate your knowledge of the science behind medicinal canabis?

| Good knowledge, no more information needed | 32.21% |
| OK knowledge, could do with some more information | 44.94% |
| Not great knowledge, need more information | 22.85% |

Question 31
Have you spoken to your GP about accessing medicinal cannabis?

YES 35.75%  
NO 64.25%

Question 32
What was the response?
- Not freely available yet. Too many hurdles, but thinks it would be a good option once its easier to access
- Too expensive and very few doctors who can write a script for it
- It will come one day but will be a lot of paperwork
- Flat out NO
- Referral to pain clinic that prescribed it
- Prescribed pills instead
- He is supportive of the idea, however it all seems just too complicated at this stage

Disconnected and rejected by multiple doctors and pain specialists, who unfortunately are not only ignorant of the growing evidence base for medicinal cannabis but are not even open minded enough to consider the evidence.

Survey respondent