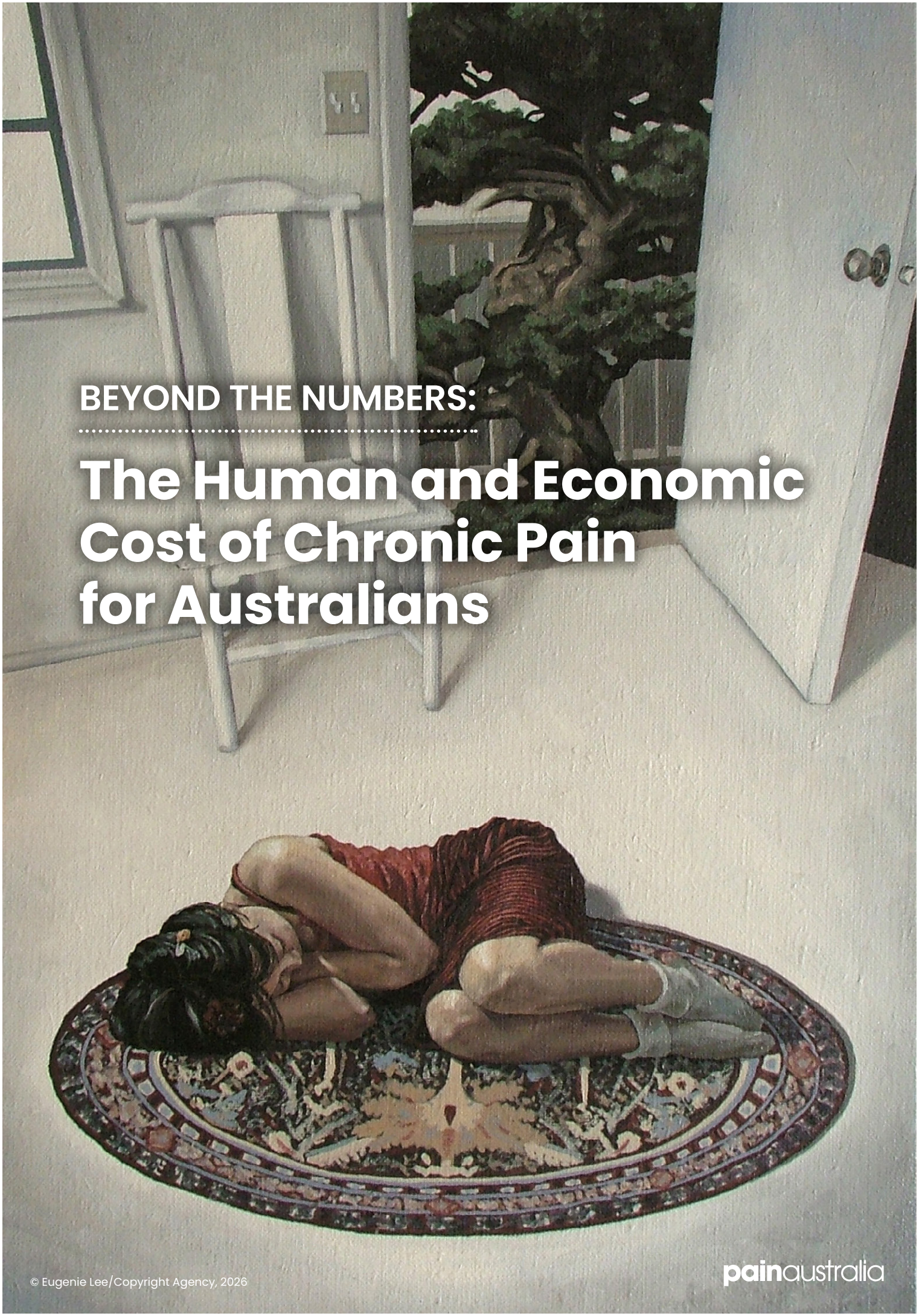


BEYOND THE NUMBERS:

The Human and Economic Cost of Chronic Pain for Australians

© Eugenie Lee/Copyright Agency, 2026

painaustralia

Contents

Executive summary	**4**
The cost of doing nothing – Phyllis' story	**5**
Background	**6**
Why chronic pain matters as a national issue	**7**
The scale of the problem	**8**
The economic impact of chronic pain	**12**
What chronic pain takes from people, families, and communities	**16**
Barriers to care and treatment for chronic pain	**18**
Managing chronic pain in Australia	**20**
The cost of inaction	**22**
Recommendations and call to action	**24**
References	**26**
Appendix 1: Methodology and assumptions	**27**
Appendix 2: Estimated prevalence of chronic pain by federal electorate	**28**
The cost of pain in Australia (at a glance)	**32**

About the artist

Eugenie Lee is a CripQueer, autistic, 1.5th-generation Korean-Australian interdisciplinary artist living on Wangal Land (Sydney, Australia). Her conceptual research explores reimagined storytelling and antidotes to stigmatised human conditions with which she has intimate experience, such as persistent (chronic) pain, post-colonial medical misogyny, hidden disability, and diaspora.

LONDON AGENCY.



"40 years of chronic pain have changed my life completely. Not just my life, but my husband's life, the kids' lives, our family life… Most people don't understand what it's like to live with chronic pain all the time. You're never pain-free."

– PHYLLIS

"I fundamentally believe that the lack of awareness of invisible conditions has influenced a lot of my other conditions. I think if we had diagnostic tools and support systems to identify the cause of pain sooner, then maybe I wouldn't have all these other conditions… It was me directing my care. No one was taking ownership or helping me with multidisciplinary or interdisciplinary care. The onus is constantly put on the patient who is living with their pain, managing their fatigue and managing all their care."

– AMIE



Painaustralia thanks the people living with chronic pain and the clinicians who generously shared their experience and expertise for this report. This report was commissioned by Painaustralia and jointly funded by the Australian Government.

Painaustralia also acknowledges and thanks GSK, Haleon and the Neuromodulation Society of Australia and New Zealand for their support of this report. The report was independently researched and developed by London Agency on behalf of Painaustralia. The supporting organisations have had no involvement in the research, analysis, content, findings or recommendations of the report.

Executive summary

Chronic pain is one of Australia's largest and least visible health and economic challenges. An estimated 3.7 million Australian adults live with chronic pain, which is 16.1% of everyone aged 15 and over. About two million adults have pain severe enough to limit what they can do each day and the burden falls disproportionately on women, older Australians, and people on lower incomes. Behind each of these numbers is a person. A parent who can no longer lift their child or manage the school run. A sales assistant who cannot hold down a shift at work. A grandparent who has stopped going out.

Furthermore, chronic pain costs Australia an estimated AU$208.3 billion a year (AU$110.6 billion in direct financial costs and AU$97.7 billion in quality of life lost to pain). The financial costs alone are equivalent to about AU$30,100 a year for every Australian living with chronic pain.

The largest financial cost of chronic pain is not treatment; it is lost work. Reduced workforce participation, absenteeism, and presenteeism together account for AU$73.1 billion a year, compared with AU$16.4 billion in health system costs. Two-thirds of Australians with chronic pain are of working age, making this a productivity challenge as much as a clinical one.

Additionally, chronic pain affects every aspect of the lives of the people living with it, and their families too. It negatively affects mental health and wellbeing, strains family relationships and social connections, and large proportions of people with chronic pain have reported feeling ignored or dismissed and experienced prejudice from health professionals.

In the eight years since Painaustralia's 2018 Cost of Pain report, the annual cost of chronic pain has risen by about AU$69.0 billion, a 49.5% increase.

Over about the same period, the number of Australians living with chronic pain grew by 436,000, with 242,000 more Australians limited in their daily activities. Diagnosis is also taking longer, and referrals to multidisciplinary care have fallen. These trends compound because untreated chronic pain becomes harder and costlier to treat. On current population trends, 5.1 million Australians will live with chronic pain by 2050.

Australia does not need to start from scratch. It has a National Strategic Action Plan for Pain Management agreed in 2021, world-leading clinical expertise, a growing evidence base, innovative and emerging models of care, and a pain sector ready to act. What is missing is prioritisation and funded implementation, which is where the opportunity now lies.

The return on acting is well documented. Multidisciplinary pain care (medical, allied health, and psychological support) improves quality of life, saves the health system AU$226 per person, and returns people to work an extra seven days a year. Doubling access would yield AU$4.9 for every AU$1 spent. Reducing long-term back pain by just 10% alone could also add AU$41.4 billion to GDP over a decade.

It is clear that chronic pain is not solely a health issue. It reaches into the economy, the workforce, families and communities, making it a whole-of-society, whole-of-government, and whole-of-health-sector challenge. This then makes better pain care a shared responsibility for governments at all levels, clinicians, researchers, consumers, industry, employers, and the wider community.

Every year of delay carries a real and increasing cost. The opportunity to change this is within reach, and the time to act is now.

Key recommended actions

1. **Make chronic pain a national health priority, with formal recognition in national health data and policy, and a coordinated national response.**
2. **Close chronic pain data gaps and build a stronger evidence base, through improved national measurement of chronic pain, restoring a chronic pain question to the ABS National Health Survey, improved coding through ICD-11, and an updated national prevalence estimate.**
3. **Expand access to evidence-based multidisciplinary care and innovation, including innovative models of care and emerging technologies that improve access, outcomes and equity, particularly in rural and underserved communities.**
4. **Invest in prevention and early intervention, to limit the progression from acute to chronic pain and avoid the higher human and economic costs associated with chronic pain over time.**
5. **Address stigma and support the workforce, through public and clinician education and investment in the specialist and allied health pain workforce.**

The cost of doing nothing – Phyllis' story

Phyllis has been dealing with chronic pain since 1986. Her 40-year journey with pain has impacted every aspect of her life, from her family, friends and relationships to her career and finances. After a fall down the stairs at work that caused a miscarriage, she waited 5 years to be diagnosed with chronic pain. Phyllis was initially dismissed by several healthcare professionals and was told that the pain was in her head. At one stage, while Phyllis was trying to seek medication to ease her pain, a doctor accused her of trying to game the system to abuse drugs. While navigating her pain, waiting for a diagnosis and experiencing stigma from healthcare professionals, Phyllis was also looking after six young children.

Due to her persistent pain, she became unable to work and lost her job. Pain has meant that Phyllis has to adapt any activity that she does to reduce the toll on her body. This extends from socialising and going bowling to simple household tasks.

Phyllis (75, Central Coast, NSW)



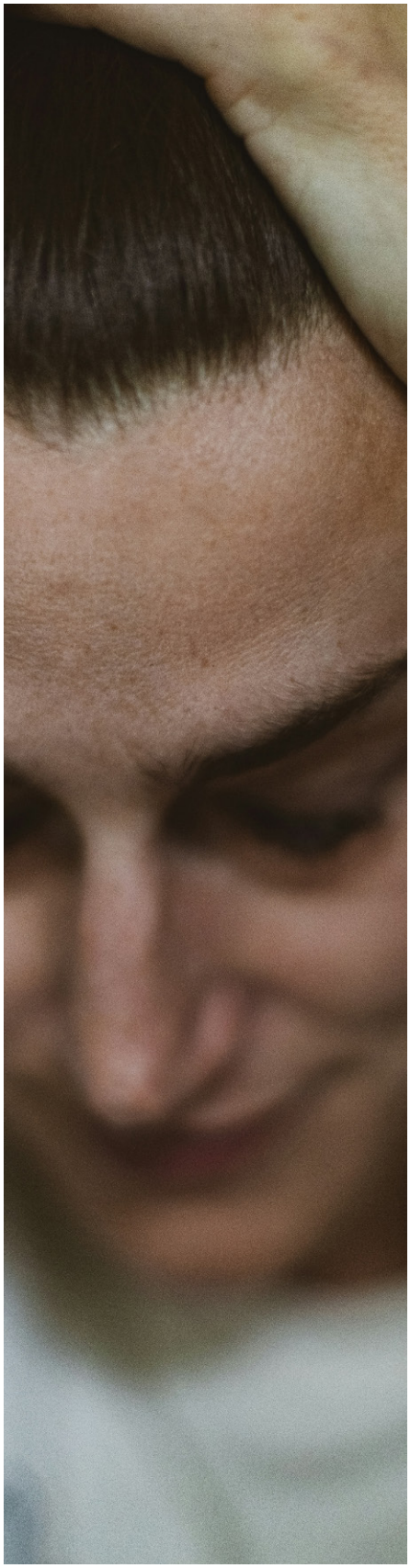
Following the miscarriage caused by her accident, Phyllis and her husband were hoping to have more children. Unfortunately, they then experienced one stillbirth and four subsequent miscarriages, at which point Phyllis was advised not to have any more children due to the pain she was in. Her gynaecologist told her, "I think your body is trying to tell you something, as it seems your body cannot cope with a pregnancy while you are in such pain. You are putting yourself through more pain and grief." Over time, this was something that Phyllis had to accept and readjust to. Phyllis and her husband now act as each other's carers.

Phyllis has reached eligibility for My Aged Care; this has provided a small amount of relief, as she can access help with household chores, allowing her to find time for a little bit of enjoyment again. Instead of spending her time cleaning and then being in pain, she is now able to spend that time playing bowls and socialising. However, this was not always the case and isn't available to younger people in similar situations to Phyllis.

> ***"I'm more fortunate now that I'm older because I've got the My Aged Care services. If I was younger and I didn't have access to that, I'd be in a different state. I like to live in a tidy house and have a garden that's not full of weeds. It's nice to be able to have those things that are provided for under the My Aged Care system."***

Phyllis has now been able to access multidisciplinary care and see a pain specialist. With the help of her current pain specialist, Phyllis has been able to get a bit of relief from her pain by undergoing small surgical procedures every 12-18 months.

Background



In 2018, Painaustralia commissioned a landmark report to quantify chronic pain as a national health, economic and productivity crisis. The report showed that 3.2 million Australians aged 15 years or older (15+) lived with chronic pain as at 2018 (68.3% of whom were of working age), and pain restricted the activities they were able to undertake.[1]

In the same manner, the economic burden was also striking. The report estimated that the total cost of chronic pain was AU$139.3 billion annually in 2018. This covered AU$12.2 billion in health system costs, AU$48.3 billion in productivity losses, AU$12.7 billion in other financial costs (informal care, aids and modifications, and deadweight losses), and reduction in quality of life was valued at a further AU$66.1 billion.[1]

Critically, the 2018 report was not just an assessment of the problem that chronic pain poses to Australia. With a projection that the burden of chronic pain will continue to grow over time without action, the report recommended extending best practice care to Australian patients as a way of achieving better health outcomes and substantial savings.[1] There was a particular emphasis on multidisciplinary pain management interventions, which were demonstrated to be superior to the standard of care involving pharmaceutical and invasive treatment.[1]

Eight years on from the original Cost of Pain report, chronic pain remains a major health and economic challenge for Australia, with its human and economic burden continuing to grow. The National Strategic Action Plan for Pain Management published by the Australian Government noted that with up to 1 in 5 Australian adults (15+) living with chronic pain in 2021, it continues to be an escalating health issue with significant economic burden in health costs and lost productivity.[2] This is a trajectory consistent with the increased burden projected in the 2018 report.[1]

Since then, life has become harder for people with chronic pain. With increased strain on the health system following the pandemic, rising costs of living, workforce shortages, and reduced access to multidisciplinary non-drug pain treatments, the burden on people living with pain has increased.[3-5] Diagnosis takes longer than ever, stigma persists, and access to multidisciplinary care remains difficult.[5]

This report provides a clearer picture of the situation. It shows that the question is no longer simply how much chronic pain costs Australian society.

The real question Australia now needs to answer is this:

What will it cost the Australian community if we fail to act while millions of Australians continue to live in pain?

Why chronic pain matters as a national issue

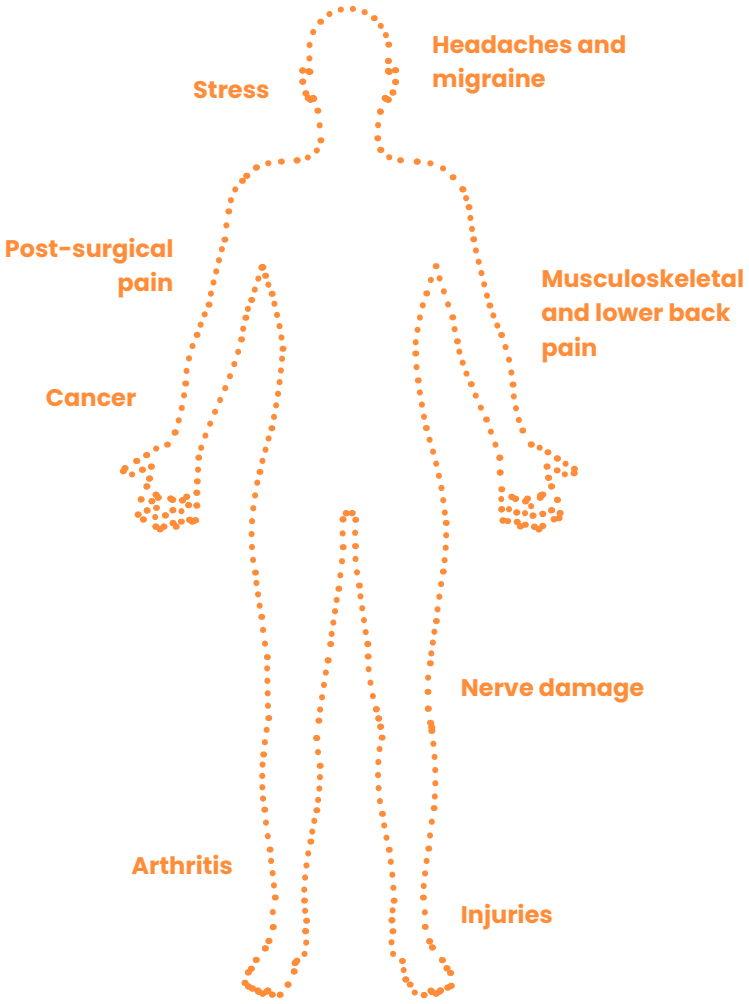
Defining chronic pain is uniquely complex

In thinking about the impact that pain has on the nation, it is important to understand how it is defined. Pain is an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.[6] Chronic pain is pain that persists or recurs for longer than 3 months.[7]

Also, chronic pain is a subjective experience, influenced by biological, social, and psychological factors, with adverse effects on function and on social and psychological wellbeing.[6] This fact matters for policy because chronic pain rarely has one single, fixable cause. Most people live with more than one type of pain at once, and their treatment needs to be well coordinated, rather than relying on a single drug prescription.[1] In the 2026 National Pain Survey, which was an online survey of 6,059 Australians living with chronic pain or caring for someone who is, more than half of respondents reported back pain, joint pain, and nerve pain, with these often occurring concurrently.[8]

Additionally, chronic pain often occurs alongside mental health conditions and other chronic illnesses, which makes it even harder to treat.[5]

Chronic pain arises from a wide range of underlying causes. These include:[9]



Chronic pain is a whole-of-society, whole-of-government, and whole-of-health-sector issue

Organisations across Australia's pain sector, including consumer, clinical, and professional bodies, have consistently called for greater national recognition of chronic pain and for it to be treated as a national health priority. Despite its scale, impact, and significant human, health, and economic burden, chronic pain has not yet received the national attention its impact warrants. It touches more Australians, costs more, and impacts almost all sectors of the economy and society than is generally seen.[5,10,11]

The impact of chronic pain cuts across health, the economy, welfare and aged care. It is important that chronic pain be formally recognised within national health data and policy frameworks. Right now, millions of Australians are being held back from participating fully in work, community, and family life.[11,12] The evidence in this report shows why Australia cannot afford to keep ignoring this burden and what the country stands to gain by acting now.

The scale of the problem

Applying published age- and sex-specific prevalence rates from the Australian Health Survey[13] used in the 2018 Cost of Pain report[1] to the most recent available population data by age and sex from the Australian Bureau of Statistics (ABS; 30 June 2025),[14] it is estimated that:

3.7 MILLION* AUSTRALIAN ADULTS (15+)

live with chronic pain, constituting approximately 16.1% of the total population aged 15 years or more.

Chronic pain is

MORE COMMON AMONG WOMEN

(17.1% of all women (15+); 2.0 million) than men (15.1% of all men (15+); 1.7 million), and prevalence rises steeply with age.

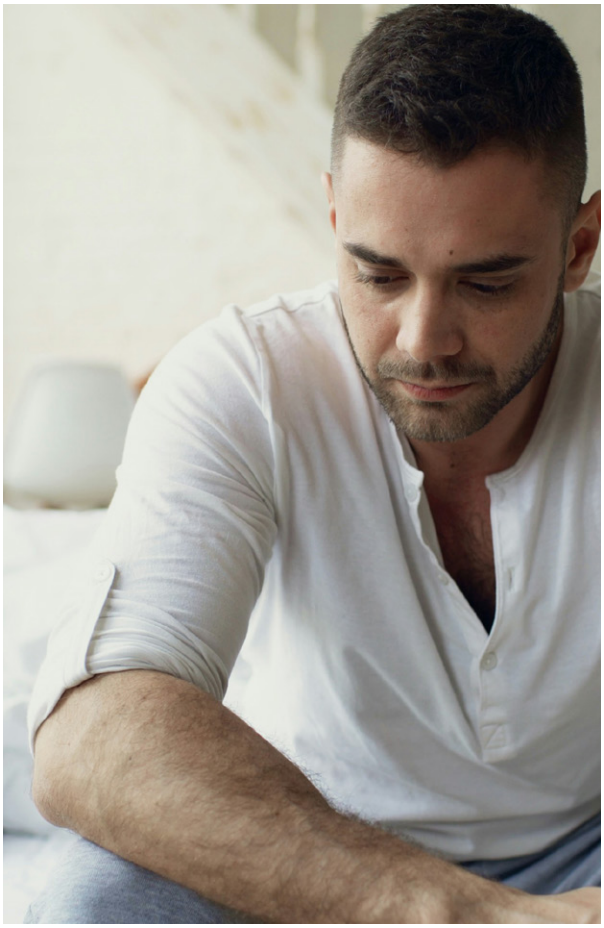
2.4 MILLION AUSTRALIANS OF WORKING AGE (15-64 years)

live with chronic pain, constituting approximately 66% of all Australians living with chronic pain.

1.3 MILLION OLDER AUSTRALIANS AGED 65 AND ABOVE

live with chronic pain, and the prevalence rate in this group is roughly double that in the working age population.

*Different chronic pain prevalence estimates are currently in use in Australia, reflecting differences in the methodologies and population assumptions applied. The estimate used in this report applies published age- and sex-specific prevalence rates to the most recent ABS population data, rather than applying a single prevalence rate across the whole adult population.



These estimates are consistent with the trajectory set out in 2018. The earlier Cost of Pain report warned that without meaningful action, the number of Australians living with chronic pain will continue to rise. It projected 3.37 million people (15+) would be living with chronic pain in 2020, rising to 5.23 million by 2050.[1]



"The number of people affected by pain has almost certainly increased. Both from population increase and also because there are more cancer survivors and an older population, so all of those things we know are associated with more pain."

– PROF MICHAEL VELTMAN, PAIN SPECIALIST

Chronic pain does not affect all Australians equally

The prevalence estimates demonstrate that the burden of chronic pain falls disproportionately on women and older Australians. People on lower incomes are also more likely to live with chronic pain than those who are on higher incomes.[13,15] Australians living in rural and regional areas face additional barriers of distance, cost, and workforce shortages.[4,5] Also, women and non-binary Australians wait longest for a diagnosis with 45% of women and 54% of non-binary respondents reporting that they waited more than three years for a diagnosis.[5]



"I think women, compared to men, get poorer pain services. The time that they suffer in pain before they get even referred to a specialist is longer."

– DR JENNI MORGAN, PAIN MANAGEMENT SPECIALIST

Two million Australians are limited in what they can do

Not all chronic pain is the same. The Survey of Disability, Ageing and Carers (SDAC) distinguishes between people who have chronic or recurrent pain but are not limited in their activities, and those who are limited in activities such as mobility, self-care, or work.[1] Severity matters because it drives both the need for care and the likelihood of being out of the workforce.

As of 2018, 1.80 million Australian adults (15+) were living with chronic pain and were limited in their activities (compared with the other 1.45 million Australians who were not limited in what they can do).[1] Now, about two million Australian adults (15+) are living with chronic pain that is severe enough to limit what they can do each day, an increase of about 242,000 people since 2018. That is 242,000 more people who can no longer manage the school run, hold down a shift at work, or play with their grandchildren the way they used to.

Two main groups of people with chronic pain:



People who are limited in their daily activities

2.04 MILLION AUSTRALIANS (15+)



People who are not limited in their daily activities

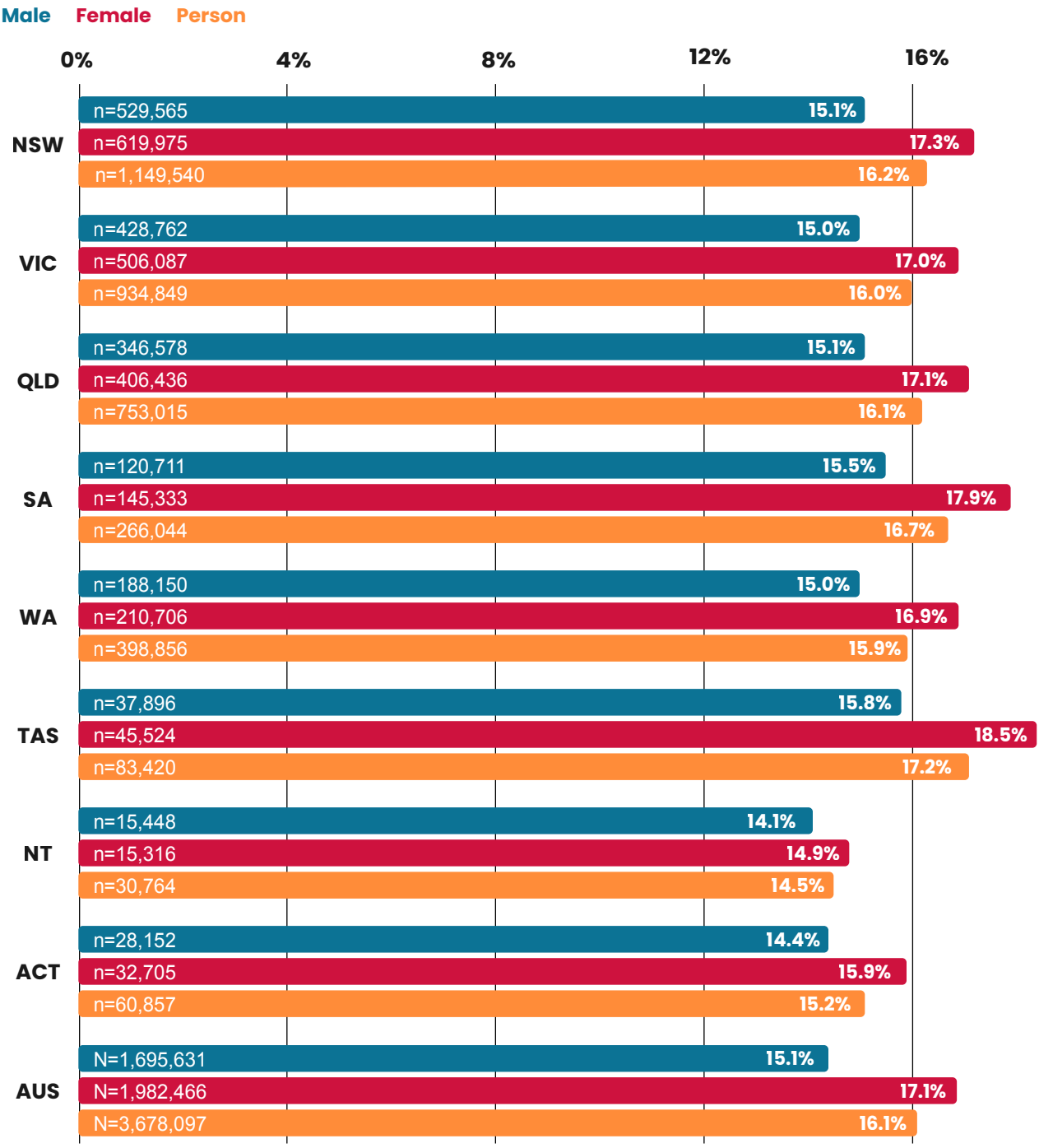
1.64 MILLION AUSTRALIANS (15+)

242,000 more people (15+) in Australia have been living with chronic pain that limits their ability to work or engage in activities of daily living since 2018.

Prevalence by state and territory

The prevalence of chronic pain varies across states and territories in Australia, ranging from 14.5% in the Northern Territory to 17.2% in Tasmania (Figure 1). New South Wales accounts for approximately one-third of all cases of chronic pain in Australia (31.3%), followed by Victoria (25.4%), and Queensland (20.5%), largely in line with the findings from the 2018 Cost of Pain report.[1] These figures apply the same national age- and sex-specific rates to each jurisdiction's population.

Figure 1. Estimated prevalence of chronic pain by state and territory in Australia.



These figures apply national age- and sex-specific rates to each jurisdiction's population structure. They reflect differences in each jurisdiction's age and sex profile only, and do not capture genuine regional variation in underlying prevalence. Australia total figures in this figure are not summations of the states, because states plus territories listed here do not include Australia's Other Territories (Jervis Bay, Norfolk Island, Christmas Island and the Cocos (Keeling) Islands), which the ABS includes in the national total. Numbers may not sum due to rounding.

While these regional figures reflect each state's age profile, they do not include the potential difference in the risk of chronic pain that exists in individual states, as this would require survey data that is not currently publicly available. Tasmania has an older population than the Northern Territory, which contributes to its higher estimated prevalence of chronic pain.

The evidence base itself is a problem

Australia has not conducted a nationally representative chronic pain prevalence survey in over a decade. The most recent data on how many Australians live with chronic pain comes from the 2011/2012 Australian Health Survey,[13] and the National Health Survey of 2022 still did not measure chronic pain directly at all.[16] The gap is not limited to prevalence. Australia has no ongoing, nationally representative measurement of chronic pain or of its health, social, and economic impacts.

The implication is that the prevalence figures in this report rest partly on prevalence rates that are now more than a decade old. With international evidence indicating that the prevalence of chronic pain has risen since 2019,[17] the true number of Australians living with chronic pain may be substantially higher than current estimates suggest. This is not just a data gap. It means that the people that this report seeks to represent may have been undercounted, leaving policymakers without a complete picture of the true burden of chronic pain in Australia. Without current national data, Australia cannot accurately track the burden of chronic pain, target investment where it is most needed, or measure whether interventions are working. This is why chronic pain needs renewed national attention, investment, and a stronger national evidence base now.



"We need to know the prevalence of pain, and we also need to see the impact of that pain. In terms of the effect on work and social services, which is where the government ends up picking up the pieces for pain. Pain costs a lot, even though they're not identifying it, it is one of the major primary problems of why people are disabled."

– PROF MICHAEL VELTMAN, PAIN SPECIALIST



The economic impact of chronic pain

Chronic pain imposes an immense financial and emotional burden on Australia, costing an estimated AU$208.3 billion each year (Table 1). This includes AU$110.6 billion in direct financial costs and an additional AU$97.7 billion in suffering caused by a diminished quality of life. Expressed per person, the financial costs alone equate to about AU$30,100 per year for every Australian living with chronic pain. Back in 2018, the total was AU$139.3 billion, with AU$73.2 billion in costs and AU$66.1 billion in pain and lost wellbeing.[1] Over eight years, the total cost of living with chronic pain has increased by about AU$69.0 billion, a 49.5% increase, highlighting the profound impact on individuals and society alike.



Total annual cost of chronic pain

AU$110.6 BILLION A YEAR
financial costs

+

AU$97.7 BILLION A YEAR
loss of wellbeing

AU$16.4 BILLION IN HEALTH SYSTEM COSTS

AU$73.1 BILLION IN PRODUCTIVITY LOSSES

AU$21.2 BILLION IN OTHER COSTS

Table 1. Total costs associated with chronic pain in Australia.

Cost component	2018[a]	2025[b]	Change between 2018 & 2025	Proportion of total (2025)
Health system	$12.23 bn	$16.37 bn	+34%	7.9%
Reduced employment	$36.18 bn	$54.24 bn	+50%	26.0%
Absenteeism	$3.17 bn	$6.62 bn	+109%	3.2%
Presenteeism	$8.99 bn	$12.21 bn	+36%	5.9%
Informal care	$4.51 bn	$8.93 bn	+98%	4.3%
Aids and modifications	$0.57 bn	$0.81 bn	+42%	0.4%
Deadweight losses	$7.58 bn	$11.45 bn	+51%	5.5%
Total financial costs	**$73.22 bn**	**$110.63 bn**	**+51%**	**53.1%**
Loss of wellbeing	$66.10 bn	$97.71 bn	+48%	46.9%
Total costs	**$139.33 bn**	**$208.33 bn**	**+50%**	**100%**

[a]2018 figures derived from the 2018 Cost of Pain report (Table 9.1). [b]2025 figures estimated based on the methodology in the 2018 Cost of Pain report, using population figures from ABS (June 2025; more details provided in the Appendix).

It is important to note that there has been no government-commissioned refresh of Australia's chronic pain costing since 2018. The modelling in this report was rebuilt independently, using the same methods as the 2018 Cost of Pain report and applying these to recent national data. Bringing chronic pain into the Australian Government's routine national health monitoring and surveillance would give decision-makers a current and clear picture of the burden, and this is an early and achievable step towards greater recognition of chronic pain as a national health priority.

HEALTH SYSTEM COSTS:
AU$16.4 billion A YEAR

Chronic pain now costs Australia's health system an estimated AU$16.37 billion a year, up from AU$12.23 billion in 2018 (34% increase). This means that AU$4,450 is being spent within the health system for every Australian living with chronic pain, covering hospital care, GP and specialist visits, pharmaceuticals, allied health, residential aged care and research.[18]

Three drivers account for the majority of this spend:

- Chronic pain with no clearly identified cause: approximately AU$4.9 billion, which is a large and often overlooked share, and a sign of how hard chronic pain still is to diagnose within Australia's current health data systems.
- Injury-related chronic pain: approximately AU$2.9 billion.
- Musculoskeletal conditions, including back pain and arthritis: approximately AU$2.7 billion.

In 2018, Australians paid AU$2.7 billion of health system costs out of their own pockets, which constituted 22.1% of the total, while governments funded 66.7%.[1] Since then, the Australian governments' share of total health spending has risen to 69.6%.[19]

The health system costs reported here are likely underestimated. Australia still has no official diagnostic code for chronic pain, so these costs must be estimated indirectly using government data on the conditions that cause it (AIHW disease expenditure data, 2023–24)[20] following the same method as in the 2018 Cost of Pain report.[1]

Australia's transition to ICD-11, which is a new coding system, provides an important opportunity to strengthen chronic pain data by enabling chronic pain to be identified as a diagnosis in its own right. Implementation would support more accurate measurement, better service planning and more targeted investment. A government business case on adoption was due in June 2026, with full implementation likely to be some years away. Until ICD-11 is fully implemented, Australia will continue to lack the detailed data needed to target investment where it is most needed, which is a policy gap that must be addressed directly.

PRODUCTIVITY LOSSES:
AU$73.1 billion A YEAR

Productivity losses are by far the largest financial cost of chronic pain, amounting to a total of AU$73.1 billion a year, up from AU$48.34 billion in 2018.[18] They comprise three components:

- Reduced workforce participation (AU$54.2 billion): people with chronic pain are far less likely to be employed. As the closest national proxy available, 56.1% of working-age people with disability are employed, compared with 82.3% of people without disability.[21]
- Presenteeism (AU$12.2 billion): representing reduced productivity while at work. As reported in a recent lived experience survey, 44% of respondents indicated that they had experienced reduced workplace productivity due to chronic pain.[8]
- Absenteeism (AU$6.6 billion): representing additional days taken off work, plus the associated management time and overtime premiums needed to maintain output.[1,18]

Because approximately two-thirds of Australians living with chronic pain are of working age,[18] this is a story of low economic participation and reduced national productivity, not just a story of increased health spending. A recent online pain survey found that 54% of respondents were unable to work at all.[8]



"Fix everybody's chronic pain and there'll be productivity. The community costs, productivity losses, and economic costs of pain are massive because these people can't work, whether in a social role or a paid role."

– DR JENNI MORGAN, PAIN MANAGEMENT SPECIALIST

Additionally, long-term back problems have been projected to cost the Australian economy approximately AU$638 billion in lost productivity over the next decade, constituting around 4.6% of GDP, with more than 3.2 million working-age Australians expected to be living with chronic back problems by 2033.[22] The fact that back pain is just one of many conditions that cause chronic pain is a strong reminder of how large the true national picture really is.

OTHER COSTS:
AU$21.2 billion A YEAR

Beyond the health system and lost productivity, chronic pain generates further costs that fall largely on families and on the wider economy.

- Informal care (AU$8.9 billion): representing the value of unpaid care provided by family and friends. This is not free care as the time spent caring is time that cannot be spent working to earn a living or living individual lives.[18]
- Deadweight losses (AU$11.5 billion): summarising the extra cost of raising the tax needed to cover the government's share of these bills as that money needs to come from somewhere.[18]
- Aids and modifications (AU$0.8 billion): covering mobility aids, self-care aids, and home modifications required to manage daily life.[18]

While these figures capture what the economy loses, they do not capture what households give up in the management of chronic pain. The 2026 National Pain Survey found that 56% of respondents experienced financial strain, and 41% went without at least one essential household item, such as food or clothing, to afford healthcare or medicines.[8]





"Money goes out the door quicker than it comes in, sometimes I feel like every penny I've got left all ends up in the doctor's pockets to manage my pain... When you're on a pension, you take $150 a month of medication out, and then you take out $200 every 10 weeks for the pump refill. Every time I get my refill, I've got to get the driving service to take me an hour away. Then, every time I go and see the specialist, it's usually another $100 plus out of pocket, which is not covered by anything."

– PHYLLIS



"I'm seeing specialists all the time, and I'm on all these different medications, so it's a lot of cost... For people who don't have private health insurance, it can be really financially difficult. It can be really costly."

– TABITHA



"It was expensive, really expensive. But emotionally for the family, it restricted our holidays, it restricted our lifestyle, and it restricted my energy in the house. It restricted everything."

– MICHELLE

What chronic pain takes from people, families, and communities

The numbers above show what chronic pain costs Australian society. However, beyond these numbers, chronic pain affects every aspect of the lives of the people living with it.[8]

Mental health and wellbeing: Among respondents of the 2026 online survey, 71% reported developing mental health issues after their chronic pain began and 80% reported sleep disturbances.[8] One in three respondents (33%) reported having thoughts of taking their own life.[8] Those whose pain began before the age of 25 were more affected, with 44% reporting that they had considered suicide, compared with 29% of those whose pain began in later life.[8]

Work, identity and financial security: More than half of survey respondents (54%) reported being unable to work.[8] Losing a job or being forced to reduce work hours does not just cost money but can take away a person's independence and self-worth. Where workers' compensation is involved, the system often compounds the problem rather than resolving it as 73% of respondents in an older survey were dissatisfied with workers' compensation processes and 67% reported that their pain worsened as a result.[5]

Family, relationships and social connection: Chronic pain places strain on partners and family, reduces social participation, and can prevent people from taking part in family life, including caring for children and grandchildren. In the 2026 online survey, 53% reported strain on family relationships and 50% on friendships.[8]

The lived reality of seeking care: Long waits, repeated appointments, travel burden and the cumulative toll of navigating a fragmented system are themselves a form of harm. Once referred to multidisciplinary pain management, no respondent to an earlier online survey was able to secure an appointment within 12 months.[5] In the 2026 survey, more than half of respondents (52%) were never referred to either a multidisciplinary pain management program or a private pain specialist at all.[8]

Stigma and the invisible barrier: Close to six in ten survey respondents (58%) reported feeling ignored or dismissed when seeking healthcare, rising to 82% among neurodivergent respondents.[8] Those who felt dismissed were substantially more likely to experience financial strain (73%, compared with 41% of those who did not) and to stop working because of their pain (44%, compared with 33%).[8] That this stigma is felt most acutely from within the health system itself is a finding that should concern policymakers directly.



"Even though I've got a pain specialist and a very good pain management regimen, GPs and other health professionals are sometimes still very hesitant to follow it because there is just not enough education around chronic pain. It's still very stigmatised."

– TABITHA



"We don't have enough education because people aren't being identified as being in pain, and that's a training issue for all healthcare workers."

– PROF MICHAEL VELTMAN, PAIN SPECIALIST

Also, regulatory reforms to curb opioid-related harm, including tighter prescribing restrictions and real-time monitoring, have introduced a further, less visible barrier. Research on Australians prescribed opioids for chronic pain found these changes may be reducing access to medicines and increasing stigmatisation, with patients describing themselves as unfairly blamed for a crisis not of their making.[23]



"Pain does consume me, my whole life is really focused on how I can manage my pain. From the foods I consume to reduce inflammation, strength training, actual supplements and pain management, I probably spend one to three hours a day trying to care for my body to eliminate the pain."

– AMIE



"I have to plan my day and my life around my pain. I have to plan my activities around knowing what's going to make my pain flare up or not... Washing my hair always causes a lot of pain, and has to be a complete day for me. I have to take pain relief either before or after, sometimes both. It's a massive thing for me, but it's a very normal ask of life for everyone else... I'm not able to do a lot that I used to. I can't really coach gymnastics anymore because it puts too much pressure on my body and causes my pain to flare up too badly."

– TABITHA



"We would have liked to have had more children, but my gynaecologist said I couldn't; my body couldn't carry a pregnancy while I am in pain. So I have to accept that I can't have any more. Over time, I've had to give up and just readjust... I lost my job. I couldn't work."

– PHYLLIS



"I couldn't do the normal jobs I would do around the house, not pain-free anyway...Movement was incredibly challenging, and the mental load of thinking about how I'll continue if my pain continues as my body ages. I can't do the mobility exercises that will help me as I age... I went from fairly active to fairly inactive, and also very worried about the toll. I was approaching 50, and I was thinking, I can't cope with this pain at 50; how am I going to cope with it at 60 or 70? The fear of being stuck like this forever is debilitating. The mental load of not knowing what was wrong and taking so long to get a diagnosis was exhausting."

– MICHELLE



Barriers to care and treatment for chronic pain

People living with chronic pain experience huge barriers to care and treatment at several different points along the care pathway.

Diagnosis remains slow and difficult to obtain

Obtaining a diagnosis is the single greatest barrier to appropriate healthcare. In the 2026 online pain survey, 40% of respondents waited more than three years to be diagnosed, rising to 57% among those whose pain began before the age of 25 and 55% among neurodivergent respondents.[8] Delays in diagnosis hinder access to interventions that can help people living with chronic pain manage their pain earlier and more effectively.[5]

Multidisciplinary and specialist care is out of reach for many

Access to the recommended multidisciplinary model of care for the treatment of pain is getting more difficult partly because of a shrinking and ageing specialist workforce.[24] In 2026, more than half of survey respondents (52%) were never referred to either a multidisciplinary pain management program or a private pain specialist.[8] For those referred, the wait is long, exceeding 24 months in some clinics.



"If patients are delayed in their presentation to the correct specialist, their physical and mental well-being is completely affected because they have been consumed by their chronic pain."

– DR MARK MORONEY, ORTHOPAEDIC SURGEON



"Australia does not have enough specialist pain medicine physicians to meet current need."

– DR ALAN NAZHA, PAIN PHYSICIAN



Geography and cost still pose equity barriers

Rural and regional Australians face compounded barriers of distance, cost, workforce shortages and limited telehealth.[5] A smaller workforce with fewer specialist medical and allied health practitioners means these communities rarely have the same healthcare availability or capacity as metropolitan centres.[25] Additionally, cost remains one of the most significant barriers to care as 72% of survey respondents said that cost makes it difficult to get the care they need, and 47% reported household incomes below AU$1,000 a week, which is below the estimated poverty line for many Australian households and well below the median household income.[8]

Access to the full range of evidence-based treatments is difficult

Up to 80% of people with chronic pain miss out on healthcare options (medicines, multidisciplinary care, interventional procedures and device-based therapies) that could manage their pain effectively.[26] Most pain clinics (public and private) that offer integrated multidisciplinary care are predominantly located in the major capital cities with none in the Northern Territory as at 2021.[2]

Tabitha (24, Warrnambool, VIC)



Tabitha is a 24-year-old registered nurse who has been in pain since the age of 16. She waited five and a half years to receive answers about what was causing her pain, despite persistently seeking answers. Tabitha had contacted a variety of different specialists to help her understand her shoulder pain. Still, as ultrasounds and X-rays were all returned as normal, she was told it was "all in her head" and that she was exaggerating.

Finally, Tabitha was given some answers when she contacted a surgeon who understood that there was an issue with compression of the nerves and blood vessels in her thoracic outlet. Five and a half years of trying to seek answers without being given any conclusive information have left Tabitha with irreversible nerve damage, resulting in chronic pain that she has been told she will have to live with for the rest of her life.

Tabitha relies on her support network to reduce the burden of her chronic pain and help her manage it. Day-to-day, this means she needs support from her friends to do what should be a simple task, such as washing her hair or tying her shoes. Her nursing colleagues have been accommodating at work, helping to take on tasks that would require her to raise her arms above her head, as these actions are most painful for Tabitha. Financially, she relies on her family and private health insurance to help pay for her pain management.

To manage this pain, the pain specialist has recommended that she receive ketamine infusions roughly every four to six months; however, due to long waiting lists, she is currently waiting eight months between infusions.

Despite her unwavering strength and the support of loved ones, Tabitha faces each day with chronic pain, burdened by the reality that her pain will linger as a constant companion in her life.

Managing chronic pain in Australia

Effective care in the management of chronic pain is well documented. Multidisciplinary care, an integrated approach that combines the expertise of several healthcare professionals, has been proven to work better than standard treatment of just prescribing medicine alone. It improves quality of life, costs the health system AU$226 less per person, and gets people back to work by an extra seven days per person per year.[1]



"Better and more timely access to specialist care can make a significant difference for patients whose pain requires more complex or specific treatment. The aim should be to get patients to the right health professional at the right time, with pharmacists, GPs, specialists and other members of the healthcare team working together around the patient's needs."

– SIMON BLACKER, PHARMACIST

Doubling access to multidisciplinary care would pay for itself nearly five times over such that for every AU$1 spent, society would get AU$4.9 back. A national GP training program designed by pain specialists showed the same pattern. The program was estimated to cost AU$45 million upfront and save AU$209 million in overdose-related harm in its first year alone.[1]

Multidisciplinary care is not the only answer. Innovative and future-focused models of care offer opportunities to improve equitable access, particularly for rural and underserved populations who currently struggle to access effective care. These models include digital and virtual care, integrated care pathways, and support for people to manage their own pain day-to-day.[4,27] Telehealth can make attending appointments easier, even though this does not always translate to better care.[5] Alongside these models, emerging technologies and innovation have a role to play, particularly where they improve access, outcomes, and equity and are supported by robust evidence.

Early intervention and prevention is the single best investment Australia can make in managing chronic pain. Stopping acute pain from becoming chronic by catching it early and treating it properly the first time prevents suffering and reduces cost.[28] It has been shown that a 10% reduction in long-term back pain prevalence could add AU$41.4 billion to Australia's GDP over a decade.[29] That is the scale of opportunity that Australia is currently missing.







The cost of inaction

Doing nothing has a price, and that price continues to rise. Inaction is not a neutral choice. Without coordinated action, the health and economic burden of chronic pain will continue to grow year on year, resulting in measurable costs for individuals, communities, and the Australian economy.[1]



"If someone had helped provide the support systems and services, then pain wouldn't create such a burden on the whole economy, and it would ease the burden on the patient as well."

– AMIE



"The patient and their families primarily bear the burden of inaction and then ultimately society bears the cost, as that person may never return to being productive in the community."

– DR MARK MORONEY, ORTHOPAEDIC SURGEON

What eight years has already cost

The cost of inaction is not hypothetical. Over the last eight years, the annual cost of chronic pain has risen by an estimated AU$69.0 billion, from AU$139.3 billion to AU$208.3 billion.[1,18] Over the same period:

- An additional 436,000 Australians began living with chronic pain[18]
- The number of Australians whose pain limits their daily activities rose by approximately 242,000, to around two million[18]
- The financial cost for each person living with chronic pain rose from about AU$22,600 to about AU$30,100 per year[18]
- Two in five survey respondents (40%) have reported waiting more than three years for a diagnosis, rising to 57% among those whose pain began before the age of 25[8]
- The majority of survey respondents (52%) were never referred to either a multidisciplinary pain management program or a private pain specialist[8]

A national plan exists and is ready to build on

The National Strategic Action Plan for Pain Management was launched in 2021 with limited early funding of AU$2.5 million and little evidence of additional dedicated funding for implementation since.[2] At the time of this report, the implementation and outcomes of the plan remain unclear. Australia therefore finds itself in the position of having a national plan, a costed evidence base, and a list of cost-effective interventions but little demonstrable progress.

The cost of inaction falls hardest on those already most disadvantaged

The cost of inaction is not evenly distributed. It falls disproportionately on people in rural, regional and remote areas, on Aboriginal and Torres Strait Islander communities, and on people on low incomes. These are groups who are already more likely to miss out on adequate treatment.[4,5,12] With 47% of survey respondents reporting household incomes below AU$1,000 a week and 72% identifying cost as a barrier to care,[8] continued inaction widens a gap that is already wide.

The burden of chronic pain continues to grow

By 2050, an estimated 5.1 million Australian adults (15+) will be living with chronic pain. One simple, unavoidable fact driving that number up is that chronic pain becomes more common with age, and Australia's population is ageing.[18] This estimate applies the same age- and sex-specific prevalence rates used throughout this report to the Australian Bureau of Statistics' official population projections.[30]



"Another eight years of inaction on chronic pain in Australia will carry an enormous human and economic cost. We cannot afford to repeat the last eight years."

– DR ALAN NAZHA, PAIN PHYSICIAN

Table 2. Prevalence of chronic pain by gender, number (N, '000,000s) and rate (%), 2025 to 2050.

	Prevalence rate (%)				Prevalence ('000,000s)			
Gender	2025 (%)	2030 (%)	2040 (%)	2050 (%)	2025 (N)	2030 (N)	2040 (N)	2050 (N)
Male (15+)	15.1	15.3	15.5	15.8	1.7	1.8	2.1	2.3
Female (15+)	17.1	17.6	18.2	18.6	2.0	2.2	2.5	2.8
Person (15+)	16.1	16.5	16.9	17.2	3.7	4.0	4.6	5.1



"I wasn't properly diagnosed for three years, I suppose no one really understood my pain."

– MICHELLE



"Most people who have chronic pain often receive a diagnosis, and then they're sent away to deal with it by themselves. They have to navigate the complexities of living with complex pain, plus all these emotions, and they don't know where to go."

– AMIE



"I've actually had this since I was 16, so for about 8 years. I didn't actually get diagnosed for about five and a half years after the onset of my pain and all my symptoms, because I wasn't being believed by anyone... When an ultrasound didn't find the cause of my pain, no one looked into it further. People just stopped believing me after a while; they thought I was either exaggerating it or making it up. I was told a lot that it was all in my head. Then it progressively got worse over the five and a half years that no one believed me."

– TABITHA



"Initially, no one would listen to me about how much pain I was actually in, even though my body would go into spasms, and I'd be lying on the floor in a foetal position, the kids would have to call an ambulance."

– PHYLLIS

Recommendations and call to action

The evidence is clear. Chronic pain continues to impose an enormous human and economic burden on Australia. However, what the nation needs is not another diagnosis of the problem, but a clear and proportionate national response to an AU$208.3 billion annual burden affecting 3.7 million people.

Urgent action across five priority areas is essential to change the trajectory of chronic pain and reduce its growing human and economic burden:

1. Make chronic pain a national health priority

Chronic pain negatively impacts on health, the economy, welfare and aged care all at once. It requires a response that matches its scale and is coordinated across government, with formal recognition in national health data and policy. As an important first step, an update on the implementation of the 2021 National Strategic Action Plan for Pain Management should be published, including progress and outcomes to date.[2]

2. Close chronic pain data gaps and build a stronger national evidence base

Australia cannot fix what it does not measure. Australia needs current, consistent, and nationally representative data to understand the true scale and impact of chronic pain, and to measure progress over time. Three practical actions would help close existing evidence gaps and provide more visibility into the current state of chronic pain: restoring a specific chronic pain question to the ABS National Health Survey, ensuring chronic pain is properly coded in existing data systems as Australia moves to ICD-11, and establishing regular, nationally representative measurement of chronic pain prevalence and its health, social, and economic impacts.

3. Expand access to evidence-based multidisciplinary care and innovation

With multidisciplinary care demonstrating a return on investment of AU$4.9 for every AU$1 spent,[1] priority should be given to expanding equitable access to evidence-based multidisciplinary pain management and to innovative models of care and emerging technologies that improve access, outcomes, and equity for people living with chronic pain, particularly those in rural and underserved communities. This means bridging access gaps between rural, regional, and metropolitan areas, cutting out-of-pocket costs for pain management, and closing the referral gap that currently leaves more than half of people with chronic pain never referred to either a multidisciplinary pain management program or a private pain specialist.[8]

4. Invest in prevention and early intervention

Preventing acute pain from becoming chronic is one of the most important investments Australia can make. Greater investment in prevention and early intervention is needed to reduce suffering and avoid the higher human and economic costs associated with chronic pain over time. An Australian study supports this, showing that an early intervention program for injured workers at risk of persistent pain was associated with 30% lower claim costs and fewer days away from work.[31]

5. Address stigma and support the workforce

Reducing stigma and improving understanding of chronic pain requires greater public and health professional education, alongside investment in the specialist and allied health pain workforce. Building workforce capability and improving understanding of chronic pain are essential to ensuring people living with pain are heard, supported, and able to access appropriate care.

Addressing chronic pain requires a whole-of-society, whole-of-government and whole-of-health-sector response. Chronic pain is not solely a health issue but one that affects the economy, the workforce, families, and communities. This means governments at all levels, clinicians, researchers, consumers, industry, employers, and the broader community all have a role to play in delivering meaningful change, because improving pain care is a shared national responsibility.

Australia already has many of the building blocks needed to improve outcomes, including the National Strategic Action Plan for Pain Management, world-leading clinical expertise, a growing evidence base, innovative models of care, and a committed pain sector. The opportunity now is to build on these foundations through coordinated national action.

Making chronic pain a national health priority would be a decisive first step towards reducing the human and economic cost of chronic pain.

"We forget that an actual human is sitting behind this, and they're struggling. If we provided someone in pain with empathy and compassion, understood their experiences, and provided some services and direction, that would help alleviate a lot of their emotional pain."

– AMIE (46, MORNINGTON PENINSULA, VIC)



For over twenty years, Amie has been living with chronic pain that began as debilitating back pain in her late twenties, which developed into managing multiple pain conditions, while being a mother to two young children. After years of seeking answers, she is still directing her own care and uses her experience to support and advocate for others in the chronic pain community to break through the stigmas attached to living with pain. Amie has a background in psychology.



"If you can heal and end chronic pain, you can change people's lives... Make care for chronic pain cost-effective, make it accessible, and make it a priority."

– MICHELLE (52, NEWCASTLE, NSW)

Following a gym injury, Michelle experienced four years of misdiagnoses and stigma before she was referred to a pain specialist who provided answers. Her journey to receiving a diagnosis spanned multiple specialist teams and a heavy personal financial burden. Today, Michelle lives pain-free, thanks to life-changing care. She has returned to the active lifestyle she loves with her husband and three adult children.

References

1. Deloitte Access Economics. *The cost of pain in Australia. Painaustralia*; 2019. https://www.deloitte.com/content/dam/assets-zone1/au/en/docs/services/economics/deloitte-au-economics-cost-pain-australia-040419.pdf
2. Department of Health. National Strategic Action Plan for Pain Management. Published online 2021. https://www.health.gov.au/resources/publications/national-strategic-action-plan-for-pain-management
3. Karos K, Ashton-James CE, McParland J, Hirsh AT. COVID-19 and chronic pain: Implications and lessons learned. *Curr Opin Psychol.* 2025;62:101985. doi:10.1016/j.copsyc.2024.101985
4. Grant AR, Westhorp G, Mardon A, et al. How is chronic pain managed in rural Australia? A qualitative study exploring rural healthcare professional and consumer experiences. *Aust J Rural Health.* 2025;33(1):e70000. doi:10.1111/ajr.70000
5. Chronic Pain Australia. *Pain Takes a Nation – 2025 National Pain Report.* Chronic Pain Australia; 2025. Accessed July 14, 2026. https://chronicpainaustralia.org.au/wp-content/uploads/2025/07/NEW-DATA-NATIONAL-PAIN-REPORT-2025.pdf
6. Raja S, Carr D, Cohen M, et al. The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. Pain. 2020;161(9):1976-1982. doi:10.1097/j.pain.0000000000001939
7. IASP. Definitions of chronic pain syndromes. 2021. Accessed July 12, 2026. https://www.iasp-pain.org/advocacy/definitions-of-chronic-pain-syndromes/
8. Chronic Pain Australia. *Pain Lives Here – 2026 National Pain Report.* 2026. Accessed August 31, 2026. https://chronicpainaustralia.org.au/wp-content/uploads/2026/07/Chronic-Pain-Australia-National-Pain-Report-2026.pdf
9. IASP. Chronic pain - Causes/conditions of chronic pain. 2021. Accessed July 15, 2026. https://www.iasp-pain.org/resources/topics/chronic-pain/
10. Painaustralia. *Working Together to Address Chronic Pain.* 2021. https://treasury.gov.au/sites/default/files/2021-05/171663_painaustralia_0.pdf
11. Wisbey M. National Pain Alliance launches. NewsGP. 2026. Accessed July 14, 2026. https://www1.racgp.org.au/newsgp/clinical/national-pain-alliance-launches
12. Painaustralia. *Prevalence and the Human and Social Cost of Pain.* Painaustralia. https://www.painaustralia.org.au/static/uploads/files/painaust-factsheet2-wfdahrmggvwp-wfovneiltuni.pdf
13. Miller GC, Sanderson K, Bruno R, et al. The prevalence of pain and analgesia use in the Australian population: Findings from the 2011 to 2012 Australian National Health Survey. *Pharmacoepidemiol Drug Saf.* 2017;26(11):1403-1410. doi:10.1002/pds.4301
14. Australian Bureau of Statistics. National, state and territory population, Dec 2025. Table 8: Estimated Resident Population by Age and Sex - at 30 June 2025. Published online 2026. https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release
15. AIHW. *Chronic Pain in Australia.* 2020. Accessed July 15, 2026. https://www.aihw.gov.au/reports/chronic-disease/chronic-pain-in-australia
16. Australian Bureau of Statistics. National Health Survey, 2022. Released 15 December 2023. 2023. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release
17. Zhang Y, Wu X, Chen X, et al. Global and regional burden, temporal trends, and projections of chronic pain from 1990 to 2032, and its association with cardiovascular diseases: analyses based on global burden of diseases study 2021. *Front Public Health.* 2025;13:1636949. doi:10.3389/fpubh.2025.1636949
18. London Agency for Painaustralia. Chronic pain prevalence and cost model, 2025 update. 2026. Methodology in Appendix 1.
19. AIHW. Health expenditure Australia 2023–24. Published online 2025. Accessed July 15, 2026. https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2023-24/contents/spending-trends-by-source
20. AIHW. *Health System Spending on Disease and Injury in Australia* 2023–24. Disease Expenditure Database, Data Tables (BoD Group Level, Australia, Total Persons, All Ages, Total_current.) Australian Institute of Health and Welfare; 2025. https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-disease-injury-aus-2023-24/data
21. Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings, 2022. Released 4 July 2024. 2024. Accessed July 15, 2026. https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release
22. Docking SI, Ackerman IN, Buchbinder R, Zomer E, Liew D, Ademi Z. Productivity losses due to long-term back problems in working-age Australians. *JAMA Netw Open.* 2025;8(8):e2527284.
23. Hopkins RE, Campbell G, Degenhardt L, Gisev N. 'We didn't cause the opioid epidemic': The experiences of Australians prescribed opioids for chronic non-cancer pain at a time of increasing restrictions. Drug Alcohol Rev. 2024;43(6):1625-1635.
24. Hogg MN, Kavanagh A, Farrell MJ, Burke AL. Waiting in pain II: an updated review of the provision of persistent pain services in Australia. *Pain Med.* 2021;22(6):1367-1375.
25. Di Donato M. A realist review of rural pain management: comprehensive and practical. *Pain.* 2025;166(6):1217-1218.
26. MTAA. Media Statement: Spinal Cord Stimulation. March 9, 2026. https://www.mtaa.org.au/sites/default/files/uploaded-content/website-content/Media%20Statement%20-%20Spinal%20Cord%20Stimulators%20-%20March%202026%20v4_0.pdf
27. Baker MB, Liu EC, Bully MA, et al. Overcoming barriers: a comprehensive review of chronic pain management and accessibility challenges in rural America. *Healthcare (Basel).* 2024;12(17):1765. doi:10.3390/healthcare12171765.
28. Linton SJ, Hellsing AL, Andersson D. A controlled study of the effects of an early intervention on acute musculoskeletal pain problems. *Pain.* 1993;54(3):353-359.
29. Monash University. Back pain a $638 billion productivity black hole, new study warns. August 23, 2025. Accessed July 15, 2026. https://www.monash.edu/news/articles/back-pain-a-$638-billion-productivity-black-hole,-new-study-warns
30. Australian Bureau of Statistics. Population Projections, Australia. 3222.0 Time Series Workbook, Table B9: Population projections, by age and sex, Australia - medium series (Series 29(B)), single year of age, June years 2022 to 2071. 2023. https://www.abs.gov.au/statistics/people/population/population-projections-australia/latest-release
31. Nicholas M, Costa D, Linton SJ, et al. Implementation of early intervention protocol in Australia for 'high risk' injured workers is associated with fewer lost work days over 2 years than usual (stepped) care. J Occup Rehabil. 2020;30(1):93-104.
32. Australian Bureau of Statistics. Regional population, 2024–25, table 4. Australian Bureau of Statistics. Published June 30, 2025. Accessed September 23, 2026. https://www.abs.gov.au/statistics/people/population/regional-population/2024-25
33. Australian Electoral Commission. Enrolment counts at 30 June 2026. Australian Electoral Commission. Published June 30, 2026. Accessed September 23, 2026. https://www.aec.gov.au/Enrolling_to_vote/Enrolment_stats/national/2026.htm

Appendix 1: Methodology and assumptions

This appendix summarises the methodology and assumptions used in deriving the chronic pain prevalence and cost estimates in this report. It builds on the methods used in the 2018 Cost of Pain report and refreshes each component using available national data. Cost definitions and structure are in line with the 2018 report to ensure consistency and comparability, and to maintain analytical independence.

Estimating chronic pain prevalence

As Australia has not conducted a nationally representative chronic pain prevalence survey in more than a decade, age- and sex-specific prevalence rates used in this report were taken from Miller et al (2017), which analysed data from the ABS Australian Health Survey 2011–12, and applied to ABS Estimated Resident Population data from June 2025 (released in 2026). Each rate was multiplied by its corresponding population cohort and the results added up.

This gives an estimated 3,678,097 Australians aged 15 and over living with chronic pain in 2025, of whom 2,412,993, or 66%, are of working age. The same rates applied to the 2018 population give 3,241,700, and applied to official ABS projections give approximately 5,080,000 by 2050. Because the rates themselves are held constant, change over time reflects population growth and ageing only, not any measured change in how common chronic pain has become.

At sub-national level, national prevalence rates were applied to each state and territory's age and sex structure. As such, they reflect demographic profiles only rather than real regional variation. Costs of chronic pain have not been disaggregated by jurisdiction in this report.

Estimating the cost of chronic pain

Eight cost components were estimated and combined to derive the overall annual cost of chronic pain, which was determined to be AU$208.3 billion. The estimated overall figure comprises AU$110.6 billion in financial costs, which is money spent or income lost, and AU$97.7 billion representing the health and quality of life that pain takes from people. The second figure involves no money changing hands. It is included because governments routinely place a value on health losses so that they can be weighed against other calls on public spending, and because the 2018 report did the same.

As reported in Table 1 of the report, the breakdown of the costs include:

1. Health system costs (AU$16.4 billion): Chronic pain has no diagnostic code in Australia, which means pain-related spending cannot be directly extracted. For this report, health system costs were built indirectly. Total national expenditure on each of the conditions that cause chronic pain was taken from the Australian Institute of Health and Welfare's Disease Expenditure in Australia for 2023-24. For each condition, the share of that expenditure attributable to chronic pain was applied using the proportions established in the 2018 report, which could not be updated as no more recent condition-level attribution exists. The results were summed up across conditions and settings covering hospital care, GP and specialist visits, pharmaceuticals, allied health, residential aged care, research and administration.
2. Reduced employment (AU$54.2 billion): This is the earnings of people not in work at all because of chronic pain, and it is the largest single component. Australian data systems do not record employment status by chronic pain, so the employment gap was derived from disability data (56.1% of working-age people with disability are employed, versus 82.3% of people without disability, which is a relative reduction of 31.8%). This gap was applied within each age and sex band to the chronic pain population of working age, and multiplied by average weekly earnings for that band, annualised. Employment rates are from June 2025 and earnings from May 2025.
3. Absenteeism (AU$6.6 billion): People with chronic pain lose an estimated 3.6% of their working time. For each age and sex band, the working-age chronic pain population was multiplied by that share of annual earnings, and the result increased by 58% to reflect what employers additionally spend covering absences through management time and overtime premiums.
4. Presenteeism (AU$12.2 billion): An estimated 10.5% of working time is unproductive because someone is working while in pain. The same band-by-band calculation was applied to that share of annual earnings, without a loading.
5. Informal care (AU$8.9 billion): Approximately 12.9% of people with chronic pain receive unpaid care from family or friends, averaging 654 hours a year. Applied to the full chronic pain population, this gives 474,474 care recipients and 310.3 million hours of care. Those hours were valued at what carers forgo by providing them, calculated for each age and sex band as average hourly earnings multiplied by the probability of being employed, then weighted by the age and sex profile of the chronic pain population, since carers are assumed to share that profile. This produces AU$28.77 an hour, against AU$16.40 in 2018. Multiplying 310.3 million hours by AU$28.77 gives AU$8.9 billion.
6. Aids and modifications (AU$814.0 million): With utilisation rates available only from the same restricted data as informal care, a full rebuild was not feasible. The 2018 figure of AU$572.1 million was multiplied by growth in the chronic pain population (13.5%), by consumer price inflation over the period (25.4%) and by real per person cost increase (5.1%).
7. Deadweight losses (AU$11.5 billion): When government raises revenue and spends it, the act of taxing and spending imposes a cost on the economy beyond the money transferred. This was calculated in three parts, following the structure in the 2018 report.
   a. Government-funded health spending: 69.6% of the AU$16.4 billion health system cost is publicly funded, comprising 56.4% Commonwealth and 43.6% state, and efficiency loss rates of 29.0% and 37.8% respectively were applied, giving AU$3.74 billion.
   b. Taxation forgone: Productivity losses and informal care together, AU$82.0 billion, were converted to a tax base using the ratio of tax revenue to national income, 33.13%, and efficiency loss rates of 23.7% on personal income tax and 50.8% on company tax were applied in proportion to their shares of revenue, 84.8% and 15.2%, giving AU$7.6 billion.
   c. Welfare payments attributable to chronic pain: This was determined to be AU$512.9 million after adjustment for population and price growth, at an efficiency loss rate of 29.0%, giving AU$148.7 million.

   The three parts add up to AU$11.5 billion. The efficiency loss rates are those used in 2018 and were not independently re-verified.
8. Loss of wellbeing (AU$97.7 billion): Chronic pain carries an assessed disability weight of 0.105, meaning it is treated as reducing quality of life by 10.5%. Multiplying this by the 3,678,097 people affected gives 386,200 years of healthy life lost in 2025. Each year was valued at AU$253,000, the value of a statistical life year published by the Australian Government's Office of Impact Analysis, giving AU$97.7 billion. Consistent with the 2018 method, years of life lost to premature death are excluded.

Beyond these computations, three main factors account for the 49.5% rise in the annual costs of chronic pain. First, the chronic pain population increased by 13.5%, which was not unexpected as the population grows and ages. Second, consumer prices rose by 25.4% over the same period, reflecting inflationary pressures. Third, once both are accounted for, a real increase of approximately 5.1% remains in the cost associated with each person living with chronic pain. When multiplied together, these give an overall increase of 49.5%.

Key limitations

1. Prevalence estimates are likely understated. The estimates derived in this report rely on rates that are now more than a decade old, and the 2022 National Health Survey did not measure chronic pain directly. International evidence indicates that the prevalence of chronic pain has risen in other similar settings, suggesting that the figures in this report may understate the number of Australians affected.
2. The estimation of reduction in employment relied on a proxy measure. Because employment status of people with chronic pain is not routinely collected, this report has had to rely on disability as a substitute measure, as applied in the 2018 report.
3. Health system costs are inferred rather than counted. Because spending is estimated from the conditions that cause pain, any pain-related care not captured by those conditions is absent from the total.
4. Several inputs such as working time lost to absenteeism and presenteeism, proportion of people receiving unpaid care and the hours involved, aids utilisation rates, condition-level attribution of health expenditure, efficiency loss rates applied to taxation, and the assessed severity of chronic pain could not be updated. As such, these have been held at their 2018 values and adjusted on the basis of the increase in the population of people with chronic pain.

Appendix 2: Estimated prevalence of chronic pain by federal electorate

Chronic pain prevalence estimates for each of the 150 federal electorates in Australia were derived using the same age- and sex-specific prevalence rates used in the 2026 Cost of Pain report. Each electorate's adult population was anchored to its own Estimated Resident Population[32] scaled to a population aged 15 and over using the national adult population share, and distributed across age and sex bands using the age and sex profile of enrolled electors in that division.[33] The enrolment data were used only to apportion each population by age and sex. The resulting national totals were then calibrated to match the male and female chronic pain estimates in this report's national model, using separate scaling factors for men and women. As a result, while the electorate counts and the overall person rate (16.1%) match the national estimates, male and female rates differ from the national figures by up to 0.14 percentage points, because the age and sex profile of enrolled electors differs slightly from that of the ABS national population.

Electorate-level figures should therefore be read as indicative of the relative distribution of chronic pain across Australia, rather than as independent local measurements. They reflect each electorate's age and sex profile, not local variation in income, remoteness, or other factors known to affect prevalence, and are subject to greater uncertainty than the national and state estimates presented elsewhere in the 2026 Cost of Pain report.

Table A1. Estimated prevalence of chronic pain by federal electorate

Electorate	State / Territory	Prevalence rate (%)			Prevalence (N)		
		Male	Female	Persons	Male	Female	Persons
Bean	ACT	15.1%	16.8%	15.9%	9,824	11,601	21,426
Canberra	ACT	14.7%	16.4%	15.6%	9,249	10,942	20,191
Fenner	ACT	14.5%	15.6%	15.1%	9,881	10,987	20,868
Banks	NSW	15.2%	17.3%	16.3%	11,019	13,239	24,259
Barton	NSW	15.2%	17.0%	16.1%	13,372	15,454	28,826
Bennelong	NSW	15.0%	17.0%	16.1%	12,768	15,151	27,920
Berowra	NSW	15.3%	17.6%	16.5%	12,431	14,873	27,304
Blaxland	NSW	14.7%	16.1%	15.4%	13,577	14,687	28,265
Bradfield	NSW	15.3%	17.8%	16.6%	12,396	15,400	27,796
Calare	NSW	15.5%	17.6%	16.6%	10,980	12,864	23,845
Chifley	NSW	14.5%	15.4%	14.9%	11,890	12,845	24,735
Cook	NSW	15.4%	17.5%	16.5%	10,082	12,491	22,573
Cowper	NSW	16.1%	18.9%	17.6%	11,136	14,134	25,270
Cunningham	NSW	15.1%	17.1%	16.2%	11,230	13,394	24,624
Dobell	NSW	15.2%	17.4%	16.4%	10,156	12,604	22,760
Eden-Monaro	NSW	16.0%	18.0%	17.0%	11,139	13,025	24,164
Farrer	NSW	15.8%	18.2%	17.0%	11,503	13,799	25,302
Fowler	NSW	15.2%	17.2%	16.2%	11,532	13,460	24,992
Gilmore	NSW	16.4%	19.4%	17.9%	10,902	13,517	24,419
Grayndler	NSW	14.8%	15.9%	15.4%	10,611	12,302	22,913
Greenway	NSW	14.4%	14.8%	14.6%	12,331	12,826	25,158
Hughes	NSW	15.1%	16.7%	15.9%	10,177	11,817	21,994
Hume	NSW	14.6%	15.6%	15.1%	10,496	11,747	22,243
Hunter	NSW	15.2%	17.2%	16.2%	11,226	13,140	24,366
Kingsford Smith	NSW	15.2%	17.1%	16.2%	12,113	14,640	26,753
Lindsay	NSW	14.4%	15.6%	15.0%	10,946	12,300	23,246
Lyne	NSW	16.6%	19.7%	18.2%	11,010	13,673	24,683
Macarthur	NSW	14.5%	15.5%	15.0%	10,738	12,030	22,769

Electorate	State / Territory	Prevalence rate (%)			Prevalence (N)		
		Male	Female	Persons	Male	Female	Persons
Mackellar	NSW	15.5%	18.0%	16.8%	11,236	13,966	25,201
Macquarie	NSW	15.4%	17.6%	16.6%	10,145	12,231	22,376
McMahon	NSW	15.0%	16.8%	15.9%	11,635	13,370	25,005
Mitchell	NSW	15.0%	16.9%	16.0%	11,809	13,799	25,608
New England	NSW	15.6%	17.9%	16.8%	11,619	13,829	25,449
Newcastle	NSW	14.8%	16.5%	15.6%	10,568	12,357	22,925
Page	NSW	16.3%	18.8%	17.6%	11,599	14,156	25,755
Parkes	NSW	15.4%	17.3%	16.4%	11,656	13,254	24,910
Parramatta	NSW	15.0%	16.4%	15.7%	14,199	15,441	29,640
Paterson	NSW	15.2%	17.4%	16.3%	10,746	12,900	23,647
Reid	NSW	15.1%	16.8%	16.0%	13,416	15,678	29,094
Richmond	NSW	16.2%	18.8%	17.6%	11,079	14,374	25,453
Riverina	NSW	15.6%	17.8%	16.7%	11,295	13,384	24,679
Robertson	NSW	15.8%	18.5%	17.2%	9,787	12,490	22,276
Shortland	NSW	15.5%	18.0%	16.8%	10,048	12,431	22,479
Sydney	NSW	15.0%	15.7%	15.3%	15,626	14,989	30,615
Warringah	NSW	15.3%	17.3%	16.3%	11,528	14,329	25,858
Watson	NSW	14.9%	16.3%	15.6%	12,432	13,767	26,199
Wentworth	NSW	15.2%	16.6%	15.9%	11,596	13,311	24,906
Werriwa	NSW	14.4%	15.4%	14.9%	10,864	12,025	22,889
Whitlam	NSW	15.4%	17.7%	16.6%	10,829	13,373	24,202
Lingiari	NT	14.4%	14.9%	14.7%	7,967	8,109	16,076
Solomon	NT	14.6%	15.3%	14.9%	8,212	8,372	16,584
Blair	QLD	14.6%	15.6%	15.1%	13,055	14,543	27,598
Bonner	QLD	15.1%	16.9%	16.0%	10,587	12,717	23,303
Bowman	QLD	15.6%	18.0%	16.9%	10,743	13,330	24,073
Brisbane	QLD	14.4%	15.3%	14.9%	12,507	13,410	25,917
Capricornia	QLD	15.2%	16.7%	16.0%	10,651	11,748	22,400
Dawson	QLD	15.4%	17.1%	16.3%	11,090	12,224	23,314
Dickson	QLD	14.9%	16.5%	15.7%	10,381	12,032	22,413
Fadden	QLD	15.2%	17.1%	16.2%	13,282	16,118	29,399
Fairfax	QLD	15.8%	18.1%	17.0%	11,414	14,435	25,850
Fisher	QLD	15.6%	17.8%	16.8%	11,986	15,226	27,213
Flynn	QLD	15.5%	16.8%	16.1%	11,066	11,610	22,676
Forde	QLD	14.6%	15.9%	15.2%	13,294	15,332	28,627
Griffith	QLD	14.3%	15.3%	14.9%	11,535	12,987	24,522
Groom	QLD	15.2%	17.3%	16.3%	10,361	12,948	23,309
Herbert	QLD	14.6%	16.1%	15.3%	10,388	11,760	22,148
Hinkler	QLD	16.4%	19.4%	18.0%	11,207	14,354	25,560
Kennedy	QLD	15.7%	17.4%	16.5%	11,805	13,079	24,884
Leichhardt	QLD	15.4%	16.8%	16.1%	11,745	13,149	24,894
Lilley	QLD	14.8%	16.4%	15.6%	10,355	12,218	22,573

Electorate	State / Territory	Prevalence rate (%)			Prevalence (N)		
		Male	Female	Persons	Male	Female	Persons
Longman	QLD	15.2%	17.1%	16.2%	13,051	15,768	28,819
Maranoa	QLD	15.9%	17.9%	16.9%	10,328	11,743	22,072
McPherson	QLD	15.2%	17.0%	16.1%	10,559	13,038	23,597
Moncrieff	QLD	15.5%	17.6%	16.6%	12,594	14,997	27,591
Moreton	QLD	14.7%	16.4%	15.5%	11,145	12,586	23,731
Oxley	QLD	14.6%	15.7%	15.2%	12,436	13,935	26,371
Petrie	QLD	15.2%	17.3%	16.3%	12,145	15,376	27,521
Rankin	QLD	14.5%	15.8%	15.2%	11,996	13,437	25,433
Ryan	QLD	14.6%	16.5%	15.5%	10,514	12,516	23,030
Wide Bay	QLD	16.4%	19.1%	17.7%	10,829	13,202	24,031
Wright	QLD	15.2%	16.5%	15.8%	13,099	14,691	27,790
Adelaide	SA	15.1%	16.9%	16.0%	13,305	15,392	28,697
Barker	SA	16.1%	18.5%	17.4%	11,924	13,984	25,908
Boothby	SA	15.6%	18.1%	16.9%	11,430	14,654	26,084
Grey	SA	16.2%	18.4%	17.3%	12,090	13,669	25,759
Hindmarsh	SA	15.6%	17.8%	16.7%	11,471	14,130	25,600
Kingston	SA	15.3%	17.3%	16.3%	10,681	12,814	23,495
Makin	SA	15.3%	17.4%	16.4%	11,166	13,222	24,389
Mayo	SA	16.2%	18.6%	17.4%	12,187	15,046	27,234
Spence	SA	14.6%	15.9%	15.3%	12,537	13,927	26,464
Sturt	SA	15.5%	18.1%	16.9%	12,259	15,575	27,834
Bass	TAS	15.8%	18.1%	17.0%	7,089	8,758	15,847
Braddon	TAS	16.0%	18.4%	17.2%	7,206	8,897	16,103
Clark	TAS	15.5%	17.8%	16.7%	6,901	8,615	15,516
Franklin	TAS	15.8%	18.1%	17.0%	7,330	9,196	16,526
Lyons	TAS	16.0%	18.0%	17.0%	7,798	9,090	16,888
Aston	VIC	15.2%	17.4%	16.3%	10,984	13,126	24,111
Ballarat	VIC	15.5%	17.6%	16.6%	9,967	12,275	22,242
Bendigo	VIC	15.7%	18.0%	16.9%	10,116	12,607	22,723
Bruce	VIC	15.0%	16.8%	15.9%	12,540	14,139	26,679
Calwell	VIC	14.4%	15.0%	14.7%	12,031	12,770	24,801
Casey	VIC	15.4%	17.2%	16.3%	10,356	12,174	22,530
Chisholm	VIC	15.2%	17.7%	16.5%	12,629	15,618	28,248
Cooper	VIC	14.8%	16.0%	15.4%	10,424	12,349	22,773
Corangamite	VIC	15.6%	17.8%	16.7%	9,701	12,423	22,125
Corio	VIC	15.2%	17.1%	16.2%	10,516	12,910	23,426
Deakin	VIC	15.2%	17.5%	16.4%	11,644	14,503	26,147
Dunkley	VIC	15.2%	17.0%	16.2%	10,674	12,902	23,576
Flinders	VIC	16.2%	19.4%	17.9%	10,649	14,006	24,655
Fraser	VIC	15.0%	16.3%	15.7%	12,445	13,698	26,143

Electorate	State / Territory	Prevalence rate (%)			Prevalence (N)		
		Male	Female	Persons	Male	Female	Persons
Gellibrand	VIC	14.8%	15.7%	15.3%	13,222	14,390	27,612
Gippsland	VIC	16.1%	18.6%	17.4%	10,263	12,380	22,643
Goldstein	VIC	15.5%	18.0%	16.8%	11,114	14,302	25,415
Gorton	VIC	14.6%	15.6%	15.1%	12,591	13,890	26,481
Hawke	VIC	14.7%	15.7%	15.2%	11,495	12,770	24,266
Holt	VIC	14.4%	14.9%	14.7%	11,761	12,283	24,044
Hotham	VIC	15.1%	17.2%	16.2%	13,548	15,883	29,431
Indi	VIC	16.1%	18.6%	17.4%	10,428	12,522	22,950
Isaacs	VIC	15.3%	17.3%	16.3%	11,577	13,882	25,459
Jagajaga	VIC	15.3%	17.5%	16.4%	10,503	12,879	23,382
Kooyong	VIC	15.1%	17.3%	16.3%	10,749	14,022	24,771
La Trobe	VIC	14.4%	15.1%	14.8%	11,325	12,337	23,663
Lalor	VIC	14.4%	14.7%	14.6%	13,030	13,298	26,328
Macnamara	VIC	15.1%	16.3%	15.7%	11,523	13,177	24,700
Mallee	VIC	16.1%	18.6%	17.4%	10,972	12,878	23,850
Maribyrnong	VIC	15.1%	16.8%	15.9%	10,732	12,959	23,691
McEwen	VIC	14.8%	15.8%	15.3%	11,007	12,209	23,216
Melbourne	VIC	14.1%	14.5%	14.3%	14,874	14,872	29,746
Menzies	VIC	15.5%	18.2%	16.9%	12,546	15,923	28,469
Monash	VIC	16.1%	18.6%	17.4%	10,026	12,394	22,420
Nicholls	VIC	15.9%	18.2%	17.1%	10,820	12,876	23,696
Scullin	VIC	14.9%	16.3%	15.6%	11,307	12,840	24,148
Wannon	VIC	16.1%	18.6%	17.4%	10,457	12,612	23,068
Wills	VIC	14.5%	15.2%	14.9%	10,612	12,329	22,940
Brand	WA	14.7%	16.0%	15.4%	11,279	12,607	23,887
Bullwinkel	WA	15.6%	17.7%	16.6%	11,258	13,028	24,286
Burt	WA	14.5%	15.5%	15.0%	12,742	13,487	26,228
Canning	WA	15.6%	17.7%	16.7%	11,190	13,374	24,564
Cowan	WA	15.0%	16.6%	15.8%	11,427	12,922	24,350
Curtin	WA	15.3%	17.6%	16.5%	11,409	14,161	25,570
Durack	WA	15.3%	16.0%	15.6%	13,607	14,050	27,657
Forrest	WA	15.8%	17.9%	16.9%	10,815	12,978	23,793
Fremantle	WA	15.1%	16.5%	15.8%	11,229	12,969	24,197
Hasluck	WA	14.7%	15.8%	15.2%	11,226	12,326	23,552
Moore	WA	15.6%	17.8%	16.7%	11,270	13,389	24,659
O'Connor	WA	15.9%	18.0%	17.0%	12,216	13,717	25,933
Pearce	WA	14.6%	15.8%	15.2%	11,214	12,709	23,923
Perth	WA	15.2%	16.6%	15.9%	12,129	13,471	25,599
Swan	WA	14.9%	16.7%	15.8%	13,064	14,450	27,514
Tangney	WA	15.4%	17.8%	16.6%	12,269	15,058	27,327
Total (national)		**15.2%**	**17.0%**	**16.1%**	**1,695,631**	**1,982,466**	**3,678,097**

The cost of pain in Australia (at a glance)

Prevalence...



3.7 MILLION*
AUSTRALIANS† LIVE WITH CHRONIC PAIN (**16.1%**)

2.0 MILLION†
HAVE PAIN SEVERE ENOUGH TO LIMIT DAILY LIFE

Chronic pain costs...



AU$208.3 BILLION PER YEAR



~AU$30,100 PER YEAR PER PERSON, IN FINANCIAL COSTS ALONE

Since 2018, Australia has had...

+436,000
PEOPLE† LIVING WITH CHRONIC PAIN

+242,000
PEOPLE† LIMITED IN DAILY ACTIVITIES

49.5%
INCREASE IN THE ANNUAL COST
(AU$69.0 BILLION)

~AU$7,500
MORE PER PERSON† PER YEAR

Without further action...



5.1 MILLION
PEOPLE† WILL LIVE WITH CHRONIC PAIN BY 2050

THE COSTS OF CHRONIC PAIN WILL CONTINUE TO RISE

Every year of delay carries a real and increasing cost. The time to act is now.

MAKE CHRONIC PAIN A NATIONAL HEALTH PRIORITY.

*Applies published age- and sex-specific prevalence rates to ABS population data at June 2025. Full methodology in the report appendix.

†Australian adults aged 15+