




HALEON Pain Index

Haleon Global Pain Index (HPI 5)

Global Snapshot



September 2023



About the Haleon Pain Index 2023

The HPI is Haleon's proprietary social study, designed to give a voice to those experiencing pain [previously known as the 'Global Pain Index'].

The study was the first of its kind to explore the real impact of pain on individuals' everyday lives, their health, their feelings, emotions, motivations and behaviours, putting the human experience at the centre.

The breadth of the study is far reaching; we have talked to over 87,000 people across more than 30 countries globally in the past 9 years since the study's foundation.

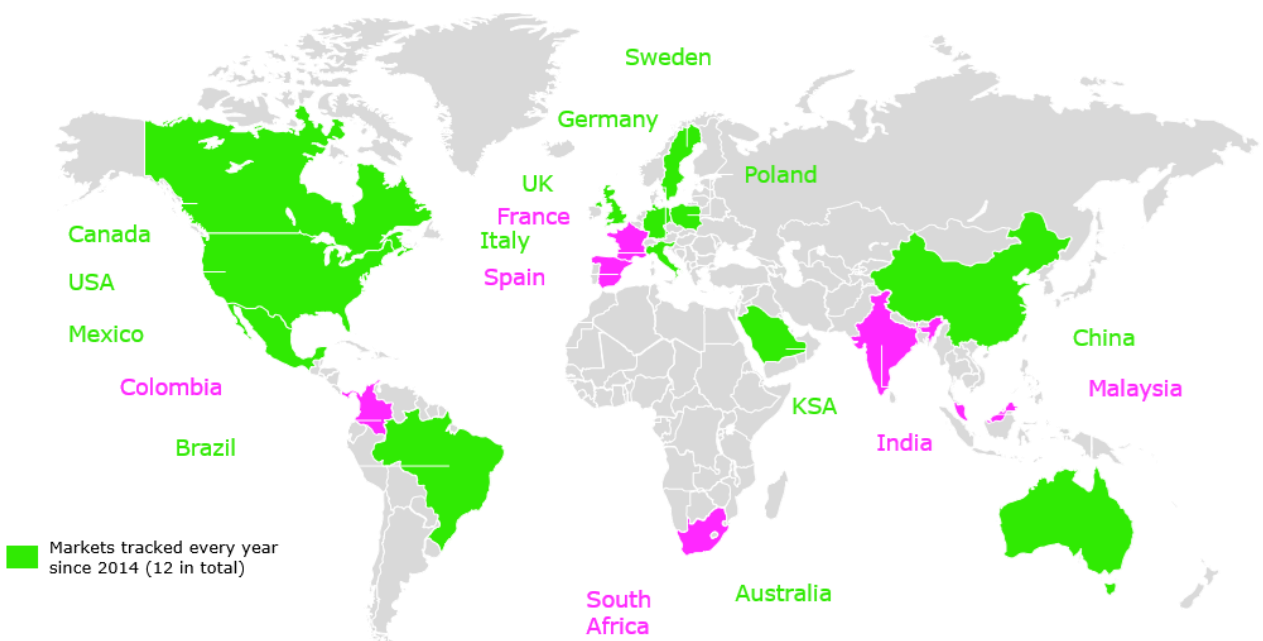
Building on the existing learnings and data gathered over the years, the Fifth Edition captures the impact pain has on marginalised and vulnerable populations, exploring intersectional experiences and expectations. In particular, the study aims to:

- Assess the evolution of the state of pain, attitudes toward pain and its impact on people's lives, with a particular focus on understanding the impact of health inclusivity barriers to effective pain management
- Explore the issue of inclusion through a societal lens, exploring topics from health literacy, access to medicine to bias and prejudice.

Methodology

30-minute online survey conducted by Edelman Data x Intelligence (DXI), representative of the online population aged 18-84 in each country. The fieldwork was conducted in June and July 2023.

The HPI 5 included 18 countries and over 18,000 respondents in total:



Synopsis of Key Findings

The global findings from HPI 5 indicate that the social and emotional impact of pain on people's lives is on the rise.

Despite the boost to global health awareness resulting from the COVID-19 pandemic, people are judgemental and intolerant of pain to the point where people are afraid they will be judged or stigmatized for their pain.

With over 2 in 5 of those surveyed regularly experiencing loneliness when in pain, the findings coincide with warnings about the public health impacts of loneliness and social isolation issued by the World Health Organisation and the Loneliness Epidemic pointed out in spring 2023.

While pain clearly impacts people across markets, cultures, ages and genders, the HPI has uncovered that the worst affected by hardening views of pain are those who already experience bias, discrimination and exclusion in society.

Women, people of colour, and people who identify as LGBTQ+ often feel the impact disproportionately, being more likely to believe they have been treated differently, not believed or discriminated against for their pain.

The results also reveal a sharp and unexpected generational divide in the way people experience pain, suggesting that younger, rather than older, patients are more likely to struggle to make their pain known and access treatment.

Despite stark differences in experience, there is widespread agreement on the need for a more personalised and compassionate view of pain that includes more empathy to address bias and prejudice. To achieve this at scale, there is a call for better training to prepare healthcare professionals on how individual pain is for different patients.



Global

Haleon has studied pain and how it affects people's lives for almost a decade, and we have seen that, while pain remains a consistent and universal issue, the social and emotional impact of pain on people's lives has grown.

% who have suffered pain in the last year¹

Change in % of people suffering since 2019

91%

-3pts

% growth of social and emotional impact of pain²

+25%

This coincides with warnings about the public health impacts of loneliness and social isolation issued by the World Health Organisation and the Loneliness Epidemic pointed out in spring 2023.*

% who experience serious loneliness when in pain³

31%

% who say they are less sociable when in pain⁴

64%

% who say they remove themselves from social situations when in pain⁵

53%

% who say they feel as if no one really understands them⁶

37%

In fact, HPI 5 suggests that the effects of the COVID-19 pandemic have made society more judgmental and less tolerant about pain, to the point where people living in pain are afraid they will be judged.

% who say being in pain is too much of a taboo⁷

39%

% who say they fear others may judge them if they talk about their pain⁸

32%

% who say they feel they have nobody to talk to⁹

31%

The HPI 5 uncovered that the people worst affected by these hardening views of pain are those who already experience bias, discrimination, and exclusion in society.

% of people who said their pain had been treated differently, not believed or discriminated¹⁰

% of **women**

58%

% of **men**

49%

% of **People of Colour**

59%

% of **white people**

48%

% of people who identify as **LGBQ+**

67%

% of **heterosexuals**

50%

Society is often failing those in pain, with many wishing that pain could be better accepted and more could be done to offer support.

% of people who wish pain was better accepted by society¹¹

61%

% of people who wish society was more supportive of people in pain¹²

62%



Global

More than a taboo, pain is also a social stigma, adding to the discrimination experienced by marginalised populations.

% who agree that people in pain are being stigmatised because of their pain; being seen as weak, considered fussy, or seen as making excuses¹³

49%

% of **women**

53%

% of **men**

45%

% of **People of Colour**

53%

% of **white people**

48%

% of people who identify as **LGBQ+**

60%

% of **heterosexuals**

49%

There is also a sharp – and unexpected – generational divide in the way people experience pain, suggesting that younger rather than older patients struggle most with making their pain known.

% of people who said their pain had been treated differently, not believed or discriminated¹⁴

% of **Gen Z**

70%

% of **Baby Boomers**

40%

% of people who said being in pain is too much of a taboo for them to speak out¹⁵

% of **Gen Z**

45%

% of **Baby Boomers**

35%

Despite the differences in pain experience, what people could agree on was the need for greater health inclusivity.

% who said the following would make a real difference in their experience of pain, how they manage it, and deal with its impact on their life¹⁶:

Tackling the access challenge

72%

Enabling more empathy against bias and prejudice

68%

Empowering greater health literacy

57%

Beyond addressing these barriers, real change requires HCPs to buy into providing intersectional and representative care at scale. The solution is empathy: cut off the pain, not the person.

% who say they seek more empathy from others on their experience of pain¹⁷

51%

% who say they wish **doctors** were better trained on how individual pain is for different patients¹⁸

69%

% who say they wish **pharmacists** were better trained on how individual pain is for different patients¹⁹

62%

References

- 1 – Q1. To start with, can you please think about any physical pain you experience. Can you tell us how regularly you experience pain overall? (NET In the last year) Base size: All respondents global n=18097
- 2 – HPI Index questions. Emotional (anxiety linked to body pain, impact on self-esteem, ability to be happy) and Impact (impact on quality of life, impact on ability to enjoy life).
- 3 – [UCLA Loneliness scale] Q34. Please indicate how often each of the statements below is descriptive of you and how you feel when you are in pain. Base size: All people in pain global n=16837
In order to assess loneliness, the study employs the academically validated 20-item UCLA loneliness scale, adapted to pain. 20 statements are measured on a 4-point Likert scale (1 = Never, 4 = Always), and total scores range from 20 to 80 where higher scores indicate higher levels of loneliness. In line with academic literature and reporting, the analysis focuses on "Serious loneliness": moderately high (50-64 pts) and high degrees of loneliness (65-80 pts).
- 4 – Q33. Thinking about the impact pain has on how you feel, are any of the following true of your experience of pain? (NET Sometimes / often). Base size: All people in pain global n=16837
- 5 – Q35. Thinking about your pain and your social interactions, to what extent do you agree or disagree with the following? (NET Agree). Base size: All people in pain global n=16837
- 6 – Q34. Please indicate how often each of the statements below is descriptive of you and how you feel when you are in pain. (NET Sometimes / often). Base size: All people in pain global n=16837
- 7 – Q32. Which of the following options best describes your attitude towards your pain? (Yes) Base size: All people in pain global n=16837
- 8 – Q35. Thinking about your pain and your social interactions, to what extent do you agree or disagree with the following? (NET Agree). Base size: All people in pain global n=16837
- 9 – Q34. Please indicate how often each of the statements below is descriptive of you and how you feel when you are in pain. (NET Sometimes / often). Base size: All people in pain global n=16837
- 10 – Q44. To what extent do you agree or disagree with the following statements, thinking about your personal pain experiences? (NET Statements in notes) Base size: All people in pain global n=16837 [Women n=8690, Men n=8087, People of Colour n=3424, White people n=6999, LGBTQ+ n=1519, Heterosexual n=12192]
- 11 – Q39. To what extent do you agree or disagree with the following? (NET Agree) Base size: All people in pain global n=16837
- 12 – Q38. If you could change how you experience pain, how relevant or not would the following be to you personally? (NET Agree). Base size: All people in pain global n=16837
- 13 – Q32. Which of the following options best describes your attitude towards your pain? (Yes) Base size: All people in pain global n=16837 [Women n=8690, Men n=8087, People of Colour n=3424, White people n=6999, LGBTQ+ n=1519, Heterosexual n=12192]
- 14 – Q44. To what extent do you agree or disagree with the following statements, thinking about your personal pain experiences? (NET Statements in notes) Base size: All people in pain global n=16837 [Gen Z n=2667, Baby Boomers 1 n=1990]. Note that the data refers to Baby Boomers 1 (pre-retirement) 59-66 years old.
- 15 – Q32. Which of the following options best describes your attitude towards your pain? (Yes) Base size: All people in pain global n=16837 [Gen Z n=2667, Baby Boomers 1 n=1990]. Note that the data refers to Baby Boomers 1 (pre-retirement) 59-66 years old.
- 16 – Q47. Which, if any, of the following would make a real difference in your experience of pain, how you manage it and deal with its impact on your life? (NET Statements in notes) Base size: All people in pain global n=16837
- 17 – Q38. If you could change how you experience pain, how relevant or not would the following be to you personally? (NET Agree). Base size: All people in pain global n=16837
- 18 – Q39. To what extent do you agree or disagree with the following? (NET Agree)
Base size: All people in pain global n=16837
- 19 – Q39. To what extent do you agree or disagree with the following? (NET Agree)
Base size: All people in pain global n=16837