

## Pain Treatment, Management and Prevention – Is Europe Providing Adequate Access?

Wednesday 16<sup>th</sup> October 2024 – 10h30-13h00 - (Fondation Universitaire Stichting – Rue d’Egmont, 11)

Hosted by MEP Saliba (S&D) and MEP Kulja (EPP)

### SIP Calls Upon EU and National Policymakers to:

1. Recognise the burden and impact of pain on societies and patients, and increase its priority within healthcare systems, funding, and policymaking.
2. Ensure the effective implementation of ICD-11, as its use allows international agreement on the use of standardised diagnosis and tools and improves the recollection of data for both primary and secondary use.
3. Ensure patient registries are established and frequently used, as it will improve the understanding of pain and pain management and treatment.
4. Pain as a quality indicator: Develop instruments to assess the impact of pain.
5. Pain research: Increase investment in research on better understanding the causes (pathophysiology) of various pain conditions, developing novel pain treatments, understanding and addressing comorbidity between pain and mental health conditions, increasing development and use of patient reported outcome measures for all pain conditions, establishing a gold standard for self-management programmes, and increasing access to high quality care.
6. Pain in employment: Initiate policies addressing the impact of pain on employment and work productivity and include pain in relevant existing initiatives.
7. Pain education: Prioritise pain education for healthcare professionals, patients, policy makers, and the general public.
8. Information technology for pain: Development of interoperable digital health ecosystems featuring accessible digital solutions for pain evaluation, monitoring and management (apps, online resources etc.) and legal and regulatory frameworks for data sharing.

### Event Report

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**10h30-10h35: Welcome from the Societal Impact of Pain (SIP) – Joanne O’Brien Kelly, The European Pain Federation EFIC; Liisa Jutila, SIP Co-Chair; Pain Alliance Europe PAE.**

Liisa Jutila welcomed speakers and attendees to the event, introduced the Agenda of the event and gave a short update on the Societal Impact of Pain (SIP) Event, its objectives, and long-term priorities.

The Societal Impact of Pain (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies.

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

The SIP National Platforms are comprised of healthcare professional / scientific and patient representative bodies from all over Europe with an interest in pain, and there are several SIP National Platforms across Europe, such as, Belgium, Finland, France, Germany, Ireland, Malta, Netherlands, Portugal, Slovenia, Spain, and Switzerland.

The main objectives of SIP are as follows:

- **Raise awareness** of the relevance of the impact that pain has on our societies, health, and

European Pain Federation EFIC\*, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04  
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economicsystems.

- Exchange information and share best practices across all member states of the European Union.
- Develop and foster European-wide policy strategies & activities for an improved pain care in Europe.

The long-term priorities of SIP are as follows:

- Pain as an indicator: Develop instruments to assess the societal impact of pain (pain as a quality indicator).
- Pain education: Prioritise pain education for health care professionals, patients, policymakers, and the public.
- Pain in employment: Initiate policies addressing the impact of pain on employment and include pain in relevant existing initiatives.
- Pain research: Increase investment in research on the societal impact of pain.

Joanne O'Brien Kelly introduced herself, she explained that she will be moderating the Event; went through the housekeeping rules; and proceeded to introduce the Members of the European Parliament (MEPs) present in the room, after which, each one provided their address.

### Perspectives from Members of the European Parliament (MEPs)

**10h35-10h55: Perspectives from MEPs – MEP Alex Agius Saliba (S&D) – IMCO Member & EMPL Substitute & Health Advocate.**

MEP Saliba apologised for not being able to attend in person and expressed his gratitude to the organisers for hosting such a critical event. He emphasised that chronic pain not only affects individuals' health but also significantly impacts their quality of life. He addressed the societal stigma surrounding chronic pain and noted that an estimated 150 million people in Europe suffer from it. MEP Saliba posed an important question: are we, as a collective, doing enough to ensure individuals have access to effective pain treatment options? He expressed his belief that legislators must prioritise a more integrated approach to pain management, which includes increasing funding for treatment options. He also stressed the importance of a multidisciplinary and comprehensive approach to pain care, ensuring healthcare professionals are adequately equipped to assess and treat chronic pain. Additionally, he highlighted the need for providing patients with up-to-date information about their treatment options. In conclusion, MEP Saliba emphasised that much work remains to ensure that all citizens have access to adequate pain treatment and management services.

**10h35-10h55: Perspectives from MEPs – MEP András Kulja (EPP) – ENVI Vice-Chair & SANTA Member.**

MEP Kulja stated that he is a doctor by background, highlighting how vital the topic of access to treatment is for him. MEP Kulja talked about the significant role of the biopsychosocial model of pain management and treatment and highlighted how social elements like job satisfaction, social support and financial security really influence pain outcomes and the quality of life of pain patients. MEP Kulja further noted that the most effective way of treating and managing pain is through a comprehensive approach, that is to say, through a combination of treatments that address all aspects of a person's life, from medication and physical therapy to psychological support and social interventions.

**10h35-10h55: Perspectives from MEPs – MEP Vytenis Andriukaitis (S&D) – ENVI & SANTA Committee Member; Former Health Commissioner.**

MEP Andriukaitis highlighted the importance of Chronic Pain, emphasising the need to include Health as one of the top European Union priorities. MEP Andriukaitis stated that the European Health Union is incredibly

important and noted that access to adequate and timely pain treatment is key, particularly in eastern European countries. MEP Andriukaitis also mentioned the need for pain to be included as part of a comprehensive strategy against non-communicable diseases (NCD's), and noted the importance of not only treating pain, but also preventing it. Finally, MEP Andriukaitis stated that a biopsychosocial approach to pain management and treatment is needed, as well as education for all, including healthcare professionals, patients, policymakers, and the general public, and expressed his willingness of including pain within an NCD's Parliament Intergroup.

### Questions addressed to MEPs:

Elizabeth Saenz – United Nations – addressed MEP Andriukaitis and said the UN has a Task Force on the matter and that she would appreciate collaboration on controlled access to medicines. MEP Andriukaitis gracefully accepted the invitation for collaboration.

Sam Kynman - European Pain Federation EFIC – addressed MEP Kulja and asked him about the new Health Policy scene. MEP Kulja stated that he will work incessantly to make a positive impact in the health arena. MEP Kulja stated that keeping health at the top of the European Union priorities is a key issue and that improving and supporting health systems, as well as improving access to equitable pain treatment is crucial for him and his office. Finally, MEP Kulja mentioned that as a new MEP, learning to see the bigger picture and ensuring he adds value will be a personal goal.

Liisa Jutila – SIP & Pain Alliance Europe – stated that funding is always an important and contentious issue, however more funding is needed to improve access to treatment, education, and research. Both MEPs agreed on the matter, and further stated that platforms like the European Health Policy Platform, as well as events like the present one, help to share best practices and achieve more collectively.

### Session 1: Defining 'treatment' and promoting access:

**10h55-11h35: The EFIC Consensus definition on 'multimodal pain treatment' and Pain Treatment Across Europe – Does this Definition Apply?** – *Michiel Reneman, University of Groningen, University Medical Centre Groningen, Department of Rehabilitation Medicine, Groningen, The Netherlands.*

Michiel Reneman from the University of Groningen shared his presentation on Multimodal Pain Treatment (MMPT), highlighting it as the gold standard for chronic pain treatment. He noted that there are many definitions of MMPT, and the current IASP definition is not clear, focusing primarily on pharmacological treatment, which makes it difficult to generalise. He stated that this lack of clarity hampers the implementation of MMPT across Europe, the generalisability of research, and the execution of a cohesive research agenda. Next, he presented the project which aims to create a consensus definition for MMPT and its elements across Europe. Methods include an EFIC task force, literature review, expert consultations, and input from professional and patient organisations. A list of proposed modalities includes therapies such as exercise, pharmacotherapy, psychological therapies, and patient education. In conclusion, he emphasised that agreed definitions and modalities will help standardise MMPT, but addressing these barriers is critical for implementation across the EU.

**10h55-11h35: Digital pain management as the solution to access problems** – *Thomas Toelle, University of Munich, Germany.*

Thomas Toelle highlighted digital pain management as a promising solution to address access issues in pain care. He referenced the SIP Position Paper advocating for the inclusion of pain research in the 9th EU Framework Programme, emphasising the need for funding to develop mobile health (m-health) technologies aimed at empowering patients and facilitating self-care within multimodal pain treatment. He also discussed

innovations in physiotherapy and digital health, which offer significant advantages, including high-frequency remote treatment and personalised care approaches. To illustrate these advancements, he introduced the Kaia app, which exemplifies innovative pain therapy through e-health, raising important questions about the future direction of digital pain management.

**10h55-11h35: What is the value of pain treatment? – Andrea Truini, University of Rome, Italy.**

Andrea Truini from the University of Rome discussed the value of pain treatment, focusing on treatment goals for individuals with chronic pain. These goals include reducing pain, increasing activity levels, minimising time spent resting, resolving disability claims, and facilitating a return to work or vocational training. He emphasised that multimodal treatment for chronic pain is more effective than single-discipline approaches and that its benefits extend beyond pain relief to include improvements in mood and functioning, as well as reductions in healthcare system usage. He spoke about *The Value of Treatment* study which aims to compare interdisciplinary multimodal chronic pain management with multidisciplinary treatment in adults suffering from painful diabetic neuropathy, non-specific low back pain, and fibromyalgia. In conclusion, he stated that interdisciplinary multimodal pain treatment is effective and can lead to cost savings, emphasising the need for its broader implementation for those living with chronic pain.

**10h55-11h35: Debate Topic: ‘How should access to pain treatment be promoted in the current economic context?’ – All speakers and Liisa Jutila, Pain Alliance Europe, PAE.**

Joanne O’Brien Kelly – European Pain Federation EFIC – asked Michiel Reneman about multimodal pain treatment and whether it should be the gold or minimum standard. Michiel Reneman stated that in his view both are interchangeable, and that multimodal pain treatment should be the established norm. All speakers and the audience engaged in a debate on the topic and stated that multidisciplinary teams should be available in all pain clinics and that individualising the treatment to each patient’s needs is also key.

Lars Bye Moeller – Danish Patient Association FAKS – stated that in Denmark under one percent receive multidisciplinary pain treatment and noted that educating all disciplines in multimodal understanding of pain and treatment is needed to achieve better outcomes.

Andrea Truini – University of Rome – stated that to go even further, academic courses in universities should include multimodal pain treatment education.

**Session 2: Promotion of prevention and healthy lifestyles:**

**11h35-12h15: Pain and lifestyle/work – Cormac Ryan, Teesside University, Middlesbrough, UK.**

Cormac Ryan from Teesside University discussed misconceptions about pain, emphasising the limitations of the biomedical approach to pain management. He argued that current treatments do not align with this perspective and highlighted the significant financial burden of €13.2 billion on Europe due to pain. Ryan advocated for a shift in how chronic pain is treated, talked about, and perceived, calling for leadership from experts to facilitate this change. He expressed agreement with the SIP’s priorities as essential for addressing these issues. Further, he stressed the importance of prioritising pain education for healthcare professionals, patients, policymakers, and the public to improve understanding and access to effective pain management.

**11h35-12h15: Promotion of primary intervention in healthcare systems (On The Move Campaign) – Bart Morlion, The Leuven Centre for Algology, UZ Leuven, Leuven, Belgium; Department of Cardiovascular Sciences, Unit Anaesthesiology and Algology, KU Leuven, Leuven, Belgium.**

Bart Morlion from The Leuven Centre for Algology presented on the promotion of primary intervention in healthcare systems through EFIC's "On the Move" campaign. He emphasised the importance of physical activity as a primary intervention for preventing chronic pain. Next, he called for all healthcare professionals to advise patients on the significance of physical activity in pain prevention. He outlined that effective promotion of this intervention requires healthcare professionals to be knowledgeable, motivated, and empowering, using language patients can understand. Lastly, he stressed the need for an environment that supports physical activity and a plan to help patients maintain their efforts.

**11h35-12h15: Clear communication, healthier lifestyles (Plain Talking Campaign) – Brona Fullen, University College Dublin, Ireland.**

Brona Fullen from University College Dublin presented on the importance of clear communication and health literacy through EFIC's "Plain Talking" campaign. She emphasized that managing health requires adequate health literacy, yet 47.6% of people have limited understanding, which exacerbates social problems. She highlighted the impact of poor health literacy on pain, leading to incorrect dosage, limited access to care, and increased disability. Therefore, she emphasised that the EFIC "Plain Talking" campaign aims to help by promoting clear communication from clinicians, and empowering patients to better understand and engage in their care. She closed her presentation emphasising that the campaign is available in 23 languages to support patients, healthcare professionals, and the public.

**11h35-12h15: Case Study – Vaccination of shingles – prevention of post-herpetic neuralgia in older adults – Anna van Renen, International Longevity Centre, UK.**

Anna van Renen, from the International Longevity Centre, was unable to attend the event, but a summary of her slides is provided below:

Her presentation discussed the importance of vaccination against shingles which is crucial - 1 in 3 adults will get shingles in their lifetime, with risks increasing with age. The presentation emphasised that despite this, awareness of shingles is low, and only 8% of surveyed adults had been vaccinated. The presentation included a study across nine European countries involving 3,613 participants aged 50 and over that found that, while 85% were vaccinated against COVID-19 and 59% against flu, shingles vaccination often falls through the cracks. Many participants were unaware of the risks or had never been informed by their doctors. The findings suggest that better knowledge of the consequences of shingles and free vaccination would increase uptake. The study emphasised the need to invest in prevention systems, improve public knowledge, and democratise access to vaccinations.

**11h35-12h15: Debate Topic: 'Health systems should focus more on prevention than treatment' – All speakers and Gemma Fernández Bosch, Pain Alliance Europe, PAE**

Joanne O'Brien Kelly asked Gemma Fernández Bosch – Pain Alliance Europe – whether in her opinion and experience, prevention is more important than treatment. Gemma Fernández Bosch stated that indeed prevention is important for all, and acknowledging the important role that physical activity plays in improving quality of life is crucial.

Cormac Ryan – Teesside University – joined the discussion following a question by Iben Rhode – Danish Patient Association FAKS – on his take on patient motivation. Cormac Ryan mentioned that motivating patients is indeed key and stated that lived experiences, using metaphors, and sharing stories on how physical activity is good and beneficial for pain patients, usually improves outcomes. He stated that changing the narrative from 'research shows' coming from a healthcare professional to storytelling coming from a patient directly, will have a better impact.

Brona Fullen – University College Dublin – stated that an individualised approach to patient care is always needed, as opposed to a mass approach on any given subject.

Bart Morlion – UZ/KU Leuven – mentioned that young children need to be educated in schools in health behaviour, as that will be the real challenge in the future – How do we create a healthier population from the beginning?

Liisa Jutila – Pain Alliance Europe PAE – asked whether if patients should be featured in these types of campaigns. Bart Morlion mentioned that indeed, that is a crucial aspect which improves every day.

Finally, Joanne O'Brien Kelly – European Pain Federation EFIC – asked if national Regulations should be part of a preventative strategy at national level. Speakers agreed that indeed, Guidelines and Regulations are needed and driven by popular opinion will be the key to success (bottom-up approach).

### **Session 3: Access to Essential Medicines and Current Challenges:**

**12h15-12h55: UN policy framework and its impact in Europe** – *Elizabeth Saenz, United Nations Office on Drugs and Crime Liaison Office Geneva (UNODC-WHO Programme on Drug Dependence Treatment and Care).*

Elizabeth Saenz provided an overview of the global disparity in access to pain medications, particularly morphine, which is critical for treating moderate to severe pain, especially in palliative care. High-income countries (HICs) consume 92% of the world's medical morphine, despite making up only 17% of the global population, while low- and middle-income countries (LMICs) have severely limited access. Further, she emphasised the need for international drug control systems to balance public health protection with ensuring access to controlled medicines for medical use. She highlighted the importance of appropriate training for healthcare professionals, improving the supply chain, and reducing regulatory restrictions that limit the availability of essential medicines. Additionally, Elizabeth Saenz pointed out emerging challenges in access to newer treatments, such as the use of hallucinogens like psilocybin and MDMA for mental health and PTSD treatment. In conclusion she stressed the importance of forward thinking to prevent future inequalities in access to these treatments

**12h15-12h55: Opioid crisis in Europe? What we know and how to respond** – *Esther Pogatzki-Zahn, Department of Anaesthesiology, Intensive Care and Pain Medicine, University of Münster, Münster, Germany; ERA-Net NEURON PRiSE project.*

Esther Pogatzki-Zahn highlighted Europe's complex opioid crisis, pointing out both overuse and lack of access in various regions. She referenced an EFIC survey from 2020, showing that opioid prescriptions have increased in most European countries since 2004, with notable variations across the continent. Western and Northern Europe see more opioid use for acute and chronic non-cancer pain, while Eastern Europe still faces low consumption. Esther Pogatzki-Zahn noted a rise in opioid-related harms in France, Finland, and the Netherlands, though this trend was not mirrored in Germany, Spain, or Norway. In the UK, opioid overdose deaths increased between 2016 and 2018 without a rise in prescriptions. She emphasised the need for more data on whether prescribed opioids for pain are contributing to harm and called for urgent research into safer, mechanism-based treatments.

**12h15-12h55: What is the scientific community doing to educate on opioids and their risks?** – *Winfried Häuser, Technical University Munich, Germany.*

Winfried Häuser presented EFIC's recommendations for the use of opioids in managing chronic non-cancer pain, emphasising that opioids should never be a first-line treatment but can be effective as part of a

multimodal approach. He detailed guidelines on how to initiate and discontinue opioid use, manage side effects, and address special situations, such as treatment in children, seniors, or during pregnancy. He discussed the risks of abuse and dependence, highlighting the importance of embedding opioid treatment in broader care strategies. Winfried Häuser also covered European and national guidelines for chronic non-cancer pain, which exist in countries such as Denmark, France, Germany, Ireland, Italy, and the UK. He mentioned upcoming European guidelines for acute pain management, being developed by the European Pain Federation and the European Society of Anaesthesiology and Intensive Care, as well as guidelines for cancer pain and palliative care. In conclusion, he noted that opioids are indispensable for managing cancer pain and palliative care and can be used in chronic non-cancer pain if applied appropriately.

**11h35-12h15: Debate Topic: ‘Regulations and guidelines do not allow adequate access to treatment in Eastern Europe’ – All speakers and Iben Rhode, Pain Alliance Europe, PAE.**

Joanne O’Brien Kelly – European Pain Federation EFIC – opened the debate asking if there is a lack of knowledge on how to prescribe opioids.

Iben Rhode – Danish Patient Association FAKS – stated that monitoring needs to be increased, as while it does take place in many cases and countries, it does not in others, and much is still to be improved. She explained her personal example. Stating that when she is no longer able to manage the pain by herself, she takes morphine, but she does that in accordance with her doctor, after a thorough conversation.

Elizabeth Saenz – United Nations – and other speakers discussed the issue of an opioids crisis in Europe. Elizabeth Saenz mentioned that according to different studies, Europe will not follow a crisis like the one developed in the United States, as Europe has protective backdoors and guidelines in place, and by the nature of its population. Therefore, developing good patient-doctor communication and alliance, as well as rational prescription, and ensuring the right doses for the right diseases is crucial.

Esther Pogatzki-Zahn – University of Münster – stated that countries like for example, Poland, do not have strong opioids for patients following a surgery, therefore, teaching how to prevent opioid misuse is key.

Finally, Liisa Jutila – Pain Alliance Europe PAE – explained that electronic prescriptions will enhance medication management and prevent misuse, as pharmacists and doctors can monitor the number and timing of prescriptions issued to each patient. Patients will only be able to receive one prescription at a time, and if they attempt to obtain more medication or refill it earlier than prescribed, the pharmacist will not dispense it. This safeguard is especially important for mild to intermediate strength pain medications containing opiates, such as Panacod and Tramal. While electronic prescriptions are currently available in some regions, they are expected to eventually spread across all of Europe.

**Where do we go from here? A European Pain Strategy**

**12h55-13h05: Where do we go from here? A European Pain Strategy – Luis García-Larrea, The European Pain Federation EFIC; ERA-Net NEURON PRiSE project.**

Luis García-Larrea discussed the urgent need for a coordinated European pain research strategy, emphasizing that pain is the leading cause of disability and reduced quality of life globally. Despite this, he noted that pain research is often underfunded and inadequately targeted. He discussed the strategy which aims to identify critical areas for attention, set funding priorities, and improve therapy effectiveness. Key objectives include raising the profile of pain research in Europe and translating research findings into actionable policies. He discussed that the development process involved extracting 100 proposals into nine major themes, with input from representatives of 23 countries. Priority areas identified include understanding pain mechanisms, addressing comorbidities, and developing novel therapies. Luis García-Larrea called for coordinated actions among EFIC’s 38 National Pain Societies to implement these research priorities nationally. He also urged

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European funding bodies to align their calls with these priorities and adjust regulations that impede research progress, citing in particular the Medical Devices Regulation which has caused problems for the approval of new research using non-invasive brain stimulation techniques.

### Closing Address from MEP

**11h55-12h00: Perspectives from MEP** – *MEP Tomislav Sokol (EPP) – IMCO Member & ENVI & SANT Substitute.*

MEP Sokol addressed several issues in his speech, mentioning that he will support an increase in research funding, given that the European Parliament has the right to approve and modify the EU Budget. Further, MEP Sokol discussed the need to tackle the lack of data, which might be improved by ICD-11 being included in the European Health Data Space. MEP Sokol also spoke about how healthcare is an investment for the future both directly and indirectly and reinforced the message that Health needs to be brought back as a European Union priority. Finally, MEP Sokol mentioned how chronic pain affects work absenteeism and presenteeism and mentioned the need to continue the fight against pain. He concluded by saying he will continue to be an ambassador for pain.

### **Questions addressed to MEP:**

Esther Pogatzki-Zahn – University of Münster – mentioned that pain is not specifically mentioned in Horizon Europe and asked MEP Sokol to advocate for its inclusion at the next phase of Horizon Europe. MEP Sokol agreed.

### Closure

**13h10-13h15: Summary and Closure** – *Liisa Jutila, SIP Co-Chair; President Pain Alliance Europe PAE.*

Liisa Jutila summarised the key points discussed during the meeting, highlighting the urgent need for collaborative efforts in pain research and management across Europe. She encouraged participants to continue their engagement and advocacy for pain-related issues within their respective organisations. She expressed gratitude to all speakers and attendees for their valuable contributions. The session concluded with a call for ongoing collaboration to advance the European Pain Strategy.



The SIP Press Statement on the event can be found [here](#).

The Video Report of the event will be sent shortly.

The Agenda of the event can be found [here](#).

Please find below some images of the event:





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