

A Societal Impact of Pain (SIP) Policy Framework for the Delivery of Pain Care

Introduction

Pain is the one of the most prevalent medical conditions in Europe and worldwide. It is the most common reason people seek health care and is the number-one cause of disability and reduced quality of life. There is a strong socio-economic gradient in terms of prevalence and impact, particularly for work disability and sickness absence. Disability burden due to pain is escalating, threatening the sustainability of European healthcare and social systems. However, pain research is significantly underfunded compared to other areas of health research and this underinvestment is considered a key factor contributing to the burden. The European Commission has recognised many pain conditions as high-burden and under-researched, requiring substantial attention, a recognition that is both timely and accurate.

According to the Global Burden of Diseases, Injuries, and Risk Factors Study 2020, which includes a comprehensive assessment of incidence, prevalence, and years lived with disability (YLDs) for 354 causes in 195 countries and territories from 1990 to 2017, pain related conditions such as headache disorders (e.g. migraine) and musculoskeletal pain disorders (e.g. low back pain, hip and knee osteoarthritis, neck pain) are two of the largest contributors to years lived with disability (YLDs). Back pain and migraine are responsible for 57.6 million and 45.1 million years of life lost, due to disability, respectively.

In Europe there are approximately 740 million people, most of whom experience an episode of severe pain at some point in their life. For approximately 20 percent, that pain persists for longer than three months and they develop persistent or chronic pain. As a result, there is an estimated 150 million people experiencing persistent pain across Europe, approximately equal to the population of Germany and France combined.

The purpose and objective of this document is to:

- Introduce and outline a comprehensive national policy framework for the delivery of pain care aimed at addressing the significant challenges posed by the burden of pain within the country.

- Recognise the complexities of chronic pain, a condition in its own right, and advocate for health systems that are best suited to support pain patients, including through the use of the 11th version of International Classification of Diseases (ICD-11).
- Improve health outcomes and allow a larger number of people to live a fulfilling and productive life.
- Support SIP National Platforms with their advocacy efforts at national level.

What is Pain?

Pain is an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage (IASP 2020). According to the International Association for the Study of Pain (IASP), pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors. Through life experiences, individuals learn the concept of pain. A person's report of an experience as pain should be respected. Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being. Verbal description is only one of several behaviours to express pain; inability to communicate does not rule out the possibility that a person experiences pain.

Acute pain is pain that resolves reasonably quickly. Definitions of acute pain vary. Some state that acute pain lasts less than 30 days, while others state that acute pain can refer to any pain that resolves before 3 months. Acute pain is often seen as adaptive - a useful survival mechanism that serves a protective and healing function.

Chronic or persistent pain is pain that persists or reoccurs for more than 3 months, although definitions are not always agreed upon.

Chronic primary pain is pain which persists or recurs for longer than 3 months, is associated with significant emotional distress or functional disability, and is not better accounted for by another chronic pain condition. Here, chronic pain is the dominant clinical problem and is considered a condition in its own right. The causes of many chronic pain conditions are unclear, and their emergence is best understood as an interplay between various biological, psychological and social factors which vary from person to person. Some examples are chronic widespread pain (such as fibromyalgia), complex regional pain syndrome and chronic musculoskeletal pain (e.g. non-specific chronic low back pain).

Chronic secondary pain is pain which is a symptom arising from a specifically

classified underlying disease. Examples of chronic secondary pain conditions are chronic cancer pain, chronic secondary musculoskeletal pain (e.g. osteoarthritis, rheumatoid arthritis) and chronic secondary visceral pain (e.g. ulcerative colitis, endometriosis).

Neuropathic pain refers to pain due to a disease/lesion/injury in the somatosensory nervous system. When it lasts for three months or more, it is called chronic neuropathic pain. Examples include sciatica, diabetic neuropathy, spinal cord injury, pain after shingles (postherpetic neuralgia), and chemotherapy induced neuropathy.

Impact of Chronic or Persistent Pain

Chronic pain serves as a prominent factor leading to individuals leaving the workforce prematurely, thereby contributing significantly to disability retirement. Despite the considerable impact it has, Europe faces substantial health disparities, with numerous individuals enduring chronic pain lacking access to appropriate treatment. Furthermore, chronic pain often leads to sleep problems, cognitive challenges, fatigue, social isolation, and depression, amongst others.

Why Prevention Matters

Prevention in pain care focuses on proactive actions that reduce the risk of acute pain becoming chronic and disabling. This includes primary prevention, aimed at stopping pain before it develops into a long-term condition, and secondary prevention, which involves early detection and timely intervention to prevent progression or recurrence. Effective prevention strategies target modifiable biopsychosocial risk factors—such as physical inactivity, poor sleep, psychological distress, and socioeconomic disadvantage—recognising that chronic pain is not only a biomedical issue but also shaped by individual, social, and environmental conditions.

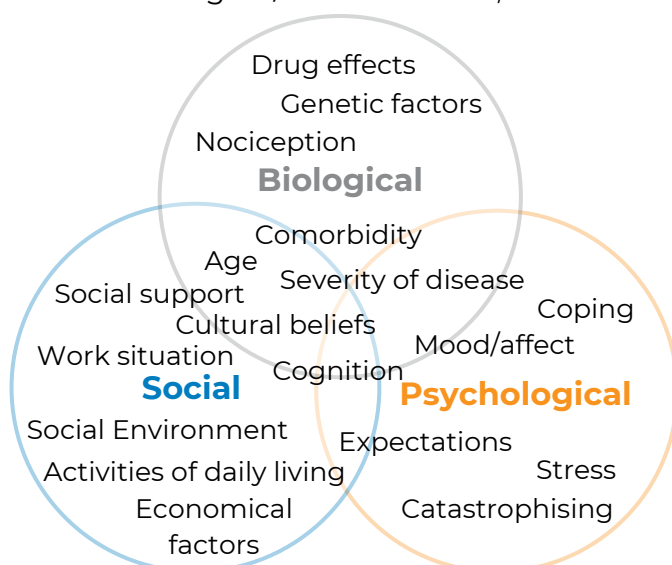
What is the Biopsychosocial Approach?

A key aspect to achieving effective pain management is a person-centred approach, recognising the importance of the biopsychosocial influence in both causation and management of chronic persistent pain. According to the biopsychosocial model, pain arises as a result of a complex interaction among biological, psychological, and social factors, which differ from person to person.

The biological aspect refers to the type and magnitude of nociception, tissue injury, damage or disease, physical health problems, genetics, immune function, neurobiology and neurochemistry, effects of medications, sex differences, nervous system characteristics (e.g. pain threshold, pain tolerance, predisposition to peripheral, and central sensitisation), hormones, sleep, age, and endogenous opiate systems. It can also be used to refer to biomechanics, fitness (aerobic, strength, flexibility), and physical activity.

The psychological aspect refers to thoughts and emotions including learning and memory, perception/understanding of pain, beliefs and attitudes, unhelpful thought patterns (e.g. catastrophising), recovery expectations, past pain experiences, fear, pain self-efficacy, depression, anxiety, psychological distress, and coping skills.

The social aspect refers to educational attainment, social/family support, employment factors, finance/welfare issues, social deprivation/poverty, social disadvantage and exclusion stigma/discrimination, and cultural factors.



A High-Quality Policy Framework for the Delivery of Pain Care

The proposed policy framework for the delivery of pain care template aims to address the significant challenges faced by individuals living with pain in the respected country, and therefore serves as a comprehensive framework to improve pain treatment and management, enhance patient outcomes, and reduce the burden of pain.

A quality policy framework for the delivery of pain care encompasses several key elements aimed at effectively addressing the challenges associated with pain management, treatment and how national health systems should be organised. While the implementation of specific details is likely to vary depending on the individual country and healthcare system, there are some essential components that a comprehensive and high-quality policy framework for the delivery of pain care should include:

Component	Feature	Description
Patient-oriented and individualised care	Empowerment and shared decision-making	Empower people living with pain to actively participate in their care decisions by providing information, education, and shared decision-making tools. Including patient reported outcomes (PROs) and patient reported outcome measurements (PROMs), which capture the biopsychosocial complexity of chronic pain and shed light on the relevant domains and issues of the individual patient.
	Involve patient representatives and PRPs (Patient Research Partners) in the process of developing PROs and PROMs	Involve patient representatives in the consensus processes of developing patient reported outcomes and patient reported outcome measurements along with other stakeholders such as caregivers, service users and health professionals who have experience dealing with chronic pain.
	Evidence-based treatments	Ensure policies, procedures and guidelines (PPPG's) that prioritise evidence-based pain treatments and management, accessible to all patients.
Prevention	Exercise and education	Encourage structured physical activity and education in clinical and workplace settings to reduce recurrence and development of chronic pain.
		Encouraging people living with pain to participate in physical activity as a means of prevention and rehabilitation can help avoid triggering pain flare-ups, as well as physical and cognitive exhaustion (fatigue) which is a common problem among people with chronic pain.
	Early access to biopsychosocial care	Provide timely biopsychosocial support for individuals with acute pain and risk factors like depression, low income, or poor coping mechanisms.
	Evidence based early intervention	Reduce unnecessary treatments and ensure access to effective, timely interventions for acute and subacute pain to prevent chronicity.

Component	Feature	Description
	Prevention research	Invest in studies to identify risk factors, evaluate preventive interventions, and develop data systems to guide evidence-based policy.
	Strengthen primary care systems	Equip primary care to deliver early diagnosis, coordinated care, and accessible follow-up as a cornerstone of pain prevention.
	Vaccination	Prioritise and explore further research into vaccine preventable conditions for which chronic pain prevention is a secondary outcome.
	Equitable workplace interventions	Support people at risk of chronic pain with workplace-based rehabilitation, modified duties, and flexible arrangements to retain or return to work.
	Public health campaigns	Improve pain literacy and reduce stigma through population-wide and school-based awareness initiatives targeting patients, caregivers, patient communities, HCPs, policymakers, clinicians, and the general public.
Access to, multimodal, multidisciplinary pain management and treatment	Comprehensive pain management	Enhance access to comprehensive pain management services, including non-opioid pharmacological therapies, psychological support, and complementary treatments, promoting the multimodal and multidisciplinary approach to pain management and treatment.
	Implementation of responsible, evidenced prescribing practice	Develop and implement guidelines for safe and responsible prescribing, including opioids. In this regard, the EFIC Guidelines on Opioids might serve as a valuable resource.

Equitable access to pain management and treatment for all citizens	Focus on equitable access to care for all pain patients and for all citizens, focusing on diversity, equity and inclusiveness, and without limitations such as their place of origin or their socioeconomic status. Also focus on equitable and fair compensation policies, where applicable, in line with national policies.
Biopsychosocial approach	Ensure a collaborative and multidisciplinary approach to pain management and treatment, which means involving healthcare professionals from various disciplines, such as doctors, nurses, physical therapists, psychologists, and social workers. Recognise the value of all professions involved in pain management. The International Classification of Functioning, Disability and Health (ICF) can be used as a common framework for understanding the conceptual model of the biopsychosocial approach.
Integrated pain management and treatment	Encourage healthcare providers to implement integrated pain management plans that address the physical, psychological, and social aspects of pain. Involve the patient in the decision-making process, including a systematic and continuous follow-up and examination of existing management and treatment options.
Primary care	Strengthen regional primary care, treatment, management and rehabilitation functions including the systematic and continuous follow-up of the patient, with PROMs as appropriate.
Care-givers	Ensure care-givers receive adequate financial, work and health support as needed.

	Quality pain management throughout surgery	<p>Systematically consider and evaluate the risk of developing chronic/persistent pain in relation to surgery. This involves both individuals who already have chronic pain and those who do not have chronic pain before surgery. Thorough preoperative pain assessment should be conducted using a comprehensive biopsychosocial approach.</p> <p>Comprehensive preoperative information about the planned surgical procedures, expected postoperative course, and a pain management plan should be provided. Clear pathways of communication between specialist pain professionals from interdisciplinary pain centres and clinics should be developed to support community services, especially in complex cases, and to educate patients on post-surgical pain management and the use of non-pharmacological treatments such as opioid tapering.</p>
	Health Technology Assessment	Ensure Health Technology Assessment (HTA) processes recognise pain as a valid treatment outcome where pain is the primary experience of a patient living with another identifiable condition.
	Digital Health	Government policy on digital therapeutics and supporting of chronic pain patients self-management through digital applications and e-health.
	ICD-11 Implementation	Ensure the International Classification of Diseases (ICD-11) is implemented across Europe, as it includes specific pain coding classifications. ICD-11 will be updated regularly so no replacements will be needed in the future.
	Harmonisation of pain data	Establish systems to collect standardised data on pain prevalence, treatment outcomes, and disparities in provision of pain care. Collect a core minimum dataset for pain outcomes and services, including measures of pain severity, function, emotional impact, quality of life, work status, and comorbidities
Data collection		

	Data-driven pain management and treatment	Regularly evaluate the effectiveness of pain management interventions and adjust strategies accordingly based on data-driven insights collected via PROM's and PREMs.
	Accurate and reliable Health Information Systems	Collaborate with healthcare systems and electronic health record providers to integrate pain management metrics and ensure there consistent monitoring and reporting.
Pain as a quality indicator	Pain assessment tools	<p>Develop instruments to assess the societal impact of pain, such as:</p> <ul style="list-style-type: none"> • System-level service provision indicators (e.g. number of trained pain professionals, number of pain centres or specialised pain services). • Pain measurement as a quality indicator of certain treatments and procedures (e.g. post-surgical pain measurement, pain measurement for cancer survivors, etc.). <p>Implement validated pain assessment tools that capture the multidimensional and dynamic nature of pain and its impact on physical and emotional well-being.</p> <ul style="list-style-type: none"> • Owing to the biopsychosocial complexity of chronic pain being a subjective experience, PRO - patient reported outcomes are essential to assess the efficacy of pain treatments and management options.
	Cross-border healthcare and sharing best practices in the field	Establish quality indicators to set criteria for granting access to cross-border healthcare, ensuring comprehensive electronic health records and ensure the implementation of Article 8.5 of the European Commission Directive on Cross-Border Healthcare for pain patients. Promote cross-border collaborations to share best practices, research findings, and innovative approaches in pain treatment and improve digital literacy of patients to be able to have access to their personal health records.

Pain research	Pain research funding	Invest in research to advance our understanding of pain mechanisms, develop treatments and identify effective interventions. Allocate funding for research grants, fellowships, and training programmes for all healthcare professions involved in the management of pain.
	Harmonisation of outcomes to enable comparability of research results and studies.	Currently, different studies use different outcomes as well as measurement tools. This hampers comparability between studies and limits the ability to perform systematic reviews and meta-analysis. Therefore, establishing consistent methods for outcomes used in clinical trials and clinical settings, through core outcomes sets (COS) and patient reported outcome measures (PROMs), should be prioritised.
	Interdisciplinary research collaborations	Encourage interdisciplinary research collaborations to foster innovation and development of new approaches for pain treatment and management.
	Funding pain research programmes	Allocate funding for research grants, fellowships, and training programmes in pain science.
Pain in employment	Integration and re-integration of people living with pain	Address the impact of chronic pain on employment and provide support systems to help people living with pain maintain or return to work.
	Workplace adaptation	Develop workplace accommodations and policies that recognise the unique needs of people living with chronic pain, including flexible work schedules, ergonomic adjustments, and job modifications.
	Pain policies	Initiate policies addressing the impact of pain on employment and include pain in relevant existing initiatives.

Pain education

Re-skilling/up-skilling	Provide vocational training and retraining opportunities to individuals whose pain conditions prevent them from continuing in their previous occupations, enabling them to transition to alternative careers or pursue new skill sets, while also creating awareness and incentives for employers to hire and give opportunities to people living with chronic pain who have retrained.
Patient education	Training and patient education for both HCPs and patients. Education should be patient-centred, highlighting the fundamentals of basic pain science and using layman's terminology and patient-friendly texts.
Education on Assistive devices	Ensure that people with chronic pain receive guidance on assistive devices. Assistive devices can contribute to increased functionality, higher levels of activity, autonomy, and improved quality of life, leading to higher levels of autonomy and confidence, which in turn enhance overall quality of life. Physical and cognitive disability and lack of self-sufficiency are to varying degrees, part of the daily life for many people with chronic pain. These impacts functioning at home, in the workplace, at school, and in other social contexts, as well as leisure activities. When faced with chronic pain, many people do not have the ability and resources to explore the field of assistive devices. Therefore, proper guidance is important.
Self-management	Ensure pain patients receive the necessary guidance and resources to support self-management where appropriate, exploring self-management when and where appropriate, as this can ultimately improve their health status, sense of control, and overall quality of life (e.g. physical activity, meditation, etc.).
Public awareness	Initiate patient education programmes and information campaigns in order to create public awareness of the short and long-term consequences of inadequate access to appropriate evidenced pain treatments.

	Pain education for healthcare professionals	Promote wider access to pain education within healthcare professions, especially to all those involved with assessing and treating pain to enhance their understanding of pain neuroscience,, pain assessment and best practice management and treatment modalities.
	Upskilling and continuing education	Offer continuing education opportunities and professional development programmes for practicing healthcare providers to update their knowledge and skills in pain management.
	Evidence-based guidelines	Develop and disseminate evidence-based pain management guidelines, toolkits, and resources to support healthcare professionals in standardised and effective pain management practices. If evidence-based guidelines, and resources do not exist, provide best practice recommendations, both at national and international levels.
	Multidisciplinary pain education	Facilitate and foster interdisciplinary and multidisciplinary pain training programmes to ensure a comprehensive and holistic approach to pain management.
Collaboration	Stakeholder involvement	Foster collaboration among government agencies, healthcare organisations and professionals, patient advocacy groups, and industry stakeholders to address the complex challenges of pain treatment and management and disseminate information that promotes best practice in the field.

	Government support	<p>Government resources to support patient organisations to foster their resilience and ability to support fellow patients.</p> <p>Allocation of government resources to ensure the implementation of a policy framework for the delivery of pain care.</p> <p>Government framework on stakeholder roles and responsibilities to ensure well-structured communication between the multiple different stakeholders involved in implementing a policy framework for the delivery of pain care.</p>
Raise awareness	The societal impact of pain	Increase public awareness about pain and its impact on individuals, families, and society addressing the stigma surrounding chronic/persistent pain.
	Health literacy	Promote health literacy for all. Ensure pain patients understand their condition (in a more holistic/biopsychosocial context); communicate better with their healthcare professional; and are informed of the treatment course, and not only are informed but are able to participate in the shared decision-making process about their treatment course (which in turn will increase treatment adherence). Promote enhanced healthcare professional-patient communication. This is best achieved by the use of patient friendly materials and resources.

Further, progress on a policy framework for the delivery of pain care can be measured through various key outcomes, such as:

- Laws, policies, or regulations specific to pain management and treatment is in place.
- A national medical guideline (acute, chronic, cancer, palliative care) for pain management is in place.
- Prevention plans or strategies are in place at national or regional level.
- A national/regional action plan against chronic/persistent pain is in place.
- The healthcare system promotes multidisciplinary pain management.
- There are dedicated acute, chronic and transitional pain services established in every hospital in the country.
- There are outpatient acute and chronic pain services established in the country.

- There is adequate provision of essential pain management drugs, as defined in the [WHO Model Lists of Essential Medicines](#).
- There are national/regional standards available in the country to measure chronic pain outcomes and/ or severity.
- The International Classification of Diseases 11th Revision (ICD-11) is already implemented in the country or there are national/ regional activities taking place to discuss or implement ICD-11.
- The most updated version of the International Classification System of Primary Care (ICPC) is implemented in the country or there are national/regional activities taking place to discuss or implement the most updated version of ICPC (and it preserves the fundamental nomenclature and terminology of ICD-11).
- The country collects and documents socioeconomic data on pain (i.e. medication costs, hospital-based services, disability compensation, days of work missed, early retirement, etc.).
- There are national/regional pain registries in the country.
- Pain is mentioned in the national research strategy of the country.
- There is a national pain research strategy implemented in the country.
- There are national/regional policies in place in the country to incentivise the integration of people living with chronic pain at work.
- There are national/regional regulations in the country to reintegrate people living with chronic pain into work.
- Pain management is included in vocational rehabilitation programmes in the country
- The basics of pain management are introduced as mandatory teaching at an undergraduate level in the country.
- There are formal, standardised, specialised pain trainings (at a postgraduate level) in the country for medical doctors, nurses, physiotherapists and psychologists.
- There are national pain education resources available in the country for the general public.
- The national department of health in the country has developed guidelines for people living with pain.
- It is mandatory to develop educational tools on pain, pain research projects or any other resource of the kind, with the involvement of pain patients.

Complementary Literature:

- SIP Position Paper on ICD-11
- The Burden of Pain: A Societal Impact of Pain (SIP) Book of Evidence
- SIP Position Paper on Workplace Adaptation and Integration
- SIP Position Paper on Digital Health
- SIP Position Paper on Mental Health
- SIP Position Paper on Cancer Pain
- EFIC Clinical Practice Recommendations on Opioids
- EFIC Multimodal Pain Treatment Position Paper
- EFIC Health Literacy Campaign Resources
 - The Plain Talking Booklet
 - The Journey Booklet
- EFIC On The Move Campaign Resources
 - Physical activity should be the primary intervention for individuals living with chronic pain A position paper from the European Pain Federation (EFIC) 'On the Move' Task Force

About SIP:

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 scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical companies Grünenthal GmbH and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.

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