SIP's response to the European Commission's Health and Safety at Work Strategic Framework Consultation

March 2021

Key recommendations

SIP welcomes the European Commission's Roadmap for an EU Strategic Framework on Health and Safety at Work 2021-2027, and the opportunity to respond to the public consultation.

SIP calls upon EU and national policymakers to:

- **Recognise individuals with chronic pain as a risk group in the context of health and safety at work**
- **Promote a multi-professional approach to health and safety at work**
- **Encourage employers to facilitate reasonable, flexible workplace adjustments for workers**
- **Utilise evidence-based policymaking in health and safety at work policies**
- **Recognise the positive impact that work contributes to the health, wellbeing, and productivity of Europeans and European society**

Background

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

In Europe [1] there are approximately 740 million people [2], most of whom experience an episode of severe pain at some point in their life. For approximately 20 percent, that pain is chronic pain. In other words, 150 million people are experiencing pain across Europe, approximately equal to the population of France and Germany combined.

In 2018, SIP published its Joint Statement [3] which includes recommendations for policy action highlighting opportunities for action and collaboration by the European Commission, Member States, and civil society to reduce the societal impact of pain. These recommendations are based on the findings of the SIP Framing Paper[3]. These recommendations form the over-arching and guiding principles for SIP, and are divided into four categories: **health indicators, research, employment, and education**.

One of SIP's key 2021 priorities is to raise awareness of, and influence polices on employment of individuals with pain. In particular, the importance of reasonable, flexible workplace adjustments by employers that can help individuals with pain to stay in work or reintegrate into the workforce.

Evidence indicates that work is good for our health and wellbeing [4]. As such, the future Health and Safety at Work Strategic Framework should acknowledge the advantages, for both individuals and society, of having healthy and productive workers in Europe.

The burden of pain on employment and social integration

I. What is pain?

Pain is an “unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage [5]”. Acute pain is pain of recent onset and limited duration due to injuries, illness, or as a result of surgical interventions, e.g. post-operative pain, acute headaches, strain trauma and burns, fractures, activated arthrosis and dental pain[6]. However, acute pain which persists for longer than three months, is generally classified as chronic pain[7]. This process is known as ‘chronification’. “Biologic factors involved in this transition include central sensitization, neuroplastic changes, altered pain modulation, and changes to the “neuromatrix”. Chronic pain may involve irreversible pathophysiologic changes, so interrupting the cascade of events that allows acute pain to advance to chronic pain is of crucial importance[8]”. The chronification can also be the result of the inadequacy of pain management (i.e., suboptimal pain management, delayed diagnosis, or even the absence of diagnosis) in all settings.

Many patients experience post-operative suboptimal pain management and endure pain that could be decreased if enough knowledge of pain management would exist in the post-surgery wards [9]. Pain can also arise due to other illnesses (known as “co-morbidity”) and can require palliative care. Furthermore, pain is commonly connected with numerous chronic health conditions, such as cancer and musculoskeletal diseases [10][11][12][13]. Chronic pain is one of the most common co-morbidities of other long-term illnesses [14].

SIP has called for the inclusion of chronic pain in the 11th Revision of the International Classification of Diseases (ICD-11), and the implementation of ICD-11 at national levels to ensure data is collected on chronic pain. This classification is crucial to permit not only diagnosis, but also research and rehabilitation programs. However, SIP considers chronic pain to be much more than just a medical condition to be addressed. The impact that chronic pain has on each individual, their loved ones, their direct family, their caregiver, their employer, their co-workers, and society at large is significant. One person in five on average, has chronic pain, and when we consider people have direct contact with them (such as family, friends, neighbours, and co-workers), everyone knows, works with, or cares for someone dealing with chronic pain [15]. The indirect costs of carers taking time off work to care for pain patients also needs to be considered.

II. Employment and integration issues for individuals with pain

According to the Seoul Declaration on Safety and Health at Work: a safe and healthy work environment is a fundamental human right [16]. The WHO states that a work environment should not only be safe and healthy, but also supportive and inclusive for those with difficulties due to mental and/or physical illness [17]. Chronic pain can interfere with everyday activities, for example, family and home responsibilities, recreational activities, and sleep are affected by chronic pain [18][19][20][21]. Half of the people who report having chronic pain, acknowledge that it interferes with their work life [18][19][21].

Chronic pain is the number one reason for workplace absenteeism and disability in Europe [22]. For example, over 40 million European workers have muscular-skeletal disorders (MSDs) resulting from their work. These MSDs cause almost 50 percent of all absences from work lasting three days or longer, and 60 percent of permanent work incapacity overall [23].

Chronic pain is one of the main reasons why people leave the labour market early, retiring due to disability [2]. One in five surveyed chronic pain patients in Europe stated that they lost their job because of their pain, and one-third stated that their work hours, or whether they work at all, are affected by their pain [18]. Additionally, 30 percent of people who report having MSDs also report having depression, making it even more difficult to remain in, or return to work [23].

A gap exists in effective policies to address employment and integration issues for individuals with chronic pain across Europe. Return to employment in particular is insufficiently covered by existing policies [24]. The EU, via its occupational safety, health, social inclusion, and equal treatment policies, could play an important role in shaping return to work policy, but to date, targeted actions in this field have remained underdeveloped [25].

The challenges

I. Return to employment and social (re-)integration of individuals with pain

The total cost across Europe as consequence of chronic pain is estimated to be as high as €300 billion [26][27].

With approximately 150 million people experiencing pain across Europe [1,2], the prevalence of chronic pain is a significant challenge to labour market integration, with negative consequences for individuals and society as a whole [25]. The European Pillar of Social Rights, Principle 10c calls for workers to have the right to a working environment adapted to their professional needs, and which enables them to prolong their participation in the labour market. Despite this principle, engagement between European Institutions and social partners on this topic has been limited [25].

When analysing national policy frameworks, there is a clear lack of dedicated policy frameworks that address chronic diseases such as chronic pain, as well as disparities within the EU. Where chronic diseases are captured, it is typically within policy and legislation under the disability umbrella [24]. In Italy for example, provisions and protection derive from the condition of disability [24], whereas in Estonia, Belgium, Ireland, Romania, and Slovakia, there is a Wellbeing at Work Act, a Compulsory Healthcare and Indemnity Insurance Legislation, and an Anti-discrimination Legislation [24].

In Belgium, Italy, and Ireland, contact with a worker during a period of sick leave is regular, whereas in Estonia, Romania, and Slovakia it is irregular [24]. There also exists a lack of systematic pressure (on the workers' side) on trade unions to engage in the return to work process [24].

In terms of individual financial burden, a survey developed by PAE in 2018, in which over 4.400 people participated [26], revealed that 50% of men and women were prevented from performing their work because of chronic pain. Furthermore, about 40% of respondents needed to change their employer because of their chronic pain, and 66% indicated that their income was lower following a change in work situation caused by the impact of pain.

When respondents were asked if they were receiving any other financial support or benefits resulting from their chronic pain problem, approximately 65% of respondents indicated that

they were not receiving any other financial support or benefits. Only 20% of respondents received occupational rehabilitation to remain at work. Only 38% of occupational rehabilitation received was paid for by the government and 25% by the employer [26]. Additionally, the reason for rejection of the request for financial compensation was that the condition was not bad enough (26%) or that their chronic pain (11%) and underlying condition were not eligible (11%) [26].

Most of the remaining respondents indicated that a disability or handicapped allowance was their main source or benefits (13.9%), together with early retirement due to chronic pain (8.1%). Finally, approximately 56% of respondents indicated that they have no other income other than that from their employment [26].

II. Evidence-based policymaking for health and safety at work

The 2014-2020 Strategic Framework recognises the importance of scientific evidence and the exchange of good practice to facilitate the exchange of information. However, in the survey conducted by PAE in 2018 [26], it was demonstrated that there are significant differences across countries, gender, and age, which points to an inconsistency of how Member States, employers, and responsible authorities care for people with chronic pain.

Case study: Belgium
The EUROSTAT Labour Force Survey data [28] show that, in Belgium for example, MSDs affect more than half of workers. The incidence is comparable to that in the rest of the European Union. Driven by the first European Strategy on health and safety at work (2007-2012), Belgium introduced a strategy (2008-2012) with the aim of '*a continuous and homogeneous reduction of the number of occupational accidents and diseases*'. In doing so, the National Labour Inspectorate noted that to not foster MSDs, it was important to address the organisation of the work, mechanical factors, as well as psychosocial aspects. Preventing the risks of MSDs in the workplace was identified as a priority within the strategy. Despite this, an evaluation of the strategy [29] stated that the risks for MSDs had not changed. When the Belgian National Strategy for Wellbeing at work 2014-2020 was introduced, it aligned with the EU Strategic Framework on health and safety at work 2014-2020 and the key challenges that it identified. The national strategy recognised that MSDs continue to be the most notorious reported adverse health effect at work. It acknowledges that they are a growing cause of absence at work and long-term disability, as well as pinpointing the necessity of exploring new policies on MSDs.

In the case study above from Belgium, it is clear that further implementation of evidence-based policymaking for health and safety at work should be a priority for the next Strategic Framework.

On general level, there is evidence showing the **positive benefits of work**, and the **negative impacts of unemployment** [4]. For example:

- **Employment** is normally the primary means of economic resource and security – essential for material well-being and integration into society.

- **Employment** addresses important psychosocial needs, and provides individual identity, social roles, and social status.
- **Employment** and socio-economic status are key drivers of social gradients in mental and physical health, as well as mortality.
- **Unemployment** is associated with higher mortality, poorer general and mental health, chronic illness, and psychological distress and morbidity.
- **Unemployment** is also associated with increased medical consultation, increased medical consumption, and admission to hospital.
- **Re-employment** leads to better self-esteem, a general improvement in physical and mental health, and reduced psychological distress and morbidity.
- **Work for sick or disabled individuals** can be therapeutic, can promote recovery and rehabilitation, and can lead to better health outcomes.
- **Work for sick or disabled individuals** minimises harmful social, mental, and physical effects of long-term absence
  Work for sick or disabled individuals reduces the risk of long-term incapacity, promotes full participation in society, reduces poverty, and improves quality of life and wellbeing [4].

The Strategic Framework 2014-2020 and proposal for 2021-2027

I. The Strategic Framework 2014-2020

The European Commission's Health and Safety at Work Strategic Framework 2014-2020 was published in June 2014. The Framework identified seven key objectives:

1) Further consolidate national strategies.
2) Facilitate compliance with OSH legislation, particularly by micro and small enterprises
3) Better enforcement of OSH legislation by Member States.
4) Simplify existing legislation.
5) Address the ageing of the workforce, emerging new risks prevention of work-related and occupational diseases.
6) Improve statistical data collection and develop the information base.
7) Better coordinate EU and international efforts to address OSH and engage with international organisations.

Objective 4.5 of the 2014-2020 Strategic Framework addressed the importance of gathering and evaluating sound scientific evidence to identify emerging new risks, (like changes in technology), and how those new risks can best be assessed. This section addressed the importance of protecting vulnerable groups such as specific age groups and disabled workers, however, there are other vulnerable groups in need of protection. For example, individuals with chronic pain. The 2014-2020 Strategic Framework did not address pain patients as a specific risk group within the category of workers with chronic diseases.

Objective 4.6 of the 2014-2020 Strategic Framework addressed the importance of statistical data collection and developing the information base to facilitate evidence-based policy making. However, as illustrated in the case study above, gaps remain in fully utilising evidence-based policy making in health and safety at work policies.

Furthermore, there is still an opportunity (and indeed, a need) for civil society, healthcare professionals, patient groups, employers, and industry representatives to share best practice on flexible and adaptive working environments to accommodate people living with pain.

Overall, SIP believes that the previous Framework had a significant focus on prevention in the context of health and safety in the workplace. The scope of the future Framework should address issues beyond prevention, namely, those related to remaining in, and returning to work following injury or illness.

II. *The Strategic Framework 2021-2027*

In 2021 the Commission will publish the 2021-2027 Strategic Framework which aims to build on the following elements:

1) Anticipating and managing change for the better and longer working lives.
2) Preventing work-related diseases and accidents.
3) Improving the application of EU rules.
4) Ensuring evidence-based policy.
5) Promoting higher safety and health standards in the world.

SIP welcomes the opportunity to respond to the European Commission's consultation on the EU Strategic Framework (2021-2027) for Health & Safety at Work.

SIP has engaged in previous consultations and campaigns related to Health and Safety at Work, as part of the core SIP objective to influence policy related to pain and employment. SIP has also had the privilege of collaborating with EU-OSHA in the past, for instance, during multiple SIP Symposia [30], where EU-OSHA acknowledged the importance of employers adopting reasonable workplace adjustments for patients with pain and other health issues. SIP has also recently joined the EU-OSHA 'Healthy Workplaces – Lighten the Load' campaign and looks forward to continued collaboration on topics of mutual interest.

SIP believes that it is important to acknowledge the value of multi-professional and multidisciplinary approaches to pain management when addressing health and safety at work, and that this type of approach should be integral to the next Framework.

SIP notes the following key goals of the next Framework:

- That workers in the EU have the right to a high level of protection of their health and safety at work, as enshrined in the **European Pillar of Social Rights.**

  SIP supports the implementation of the European Pillar of Social Rights, [31] in particular: equal opportunities; secure and adaptable employment; healthy, safe, and well-adapted work environment and data protection; and social protection. SIP calls upon the European Commission to ensure these rights are accounted for in the upcoming 2021-2027 Strategic Framework.

- That the 2021-2027 Strategic Framework will **trigger the adoption or revision of national OSH strategies** helping to stimulate coordinated action of Member States, social partners, and other key stakeholders.

  SIP is a multi-stakeholder partnership with a European-wide representation of National Platforms formed by scientific and patients' representatives, which would collaborate in the adoption and revision of National OSH strategies.

Towards a Strategic Framework fit for the future

SIP believes that the previous Framework did not reach its maximum potential. The previous Framework did not address the needs of individuals with chronic disease (in particular, individuals with chronic pain), such as their return to work and reintegration into society. Additionally, SIP believes the previous Framework could also have focused more on ensuring that national policies are formulated on evidence-based best practices and re-evaluation.

Below we have outlined the key areas of Directive 89/391/EEC, as amended, where SIP believes there is scope for further development of policies to support health and safety of workers across Europe in the next Strategic Framework.

Article 6 of Directive 89/391/EEC, General obligations on employers:

Specifically, Art.6 para 2;

> (d) adapting the work to the individual, especially as regards the design of work places, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health.
>
> (e) adapting to technical progress;

Improvements and changes in technologies and their use can have an impact on how we work. For example, in 2020, many workers were forced to transition to remote working (where it was possible) in response to the COVID-19 social distancing requirements. Several physical and mental health outcomes, including pain, stress, depression, and quality of life are known to be affected by the switch to working from home. In fact, a recent study concluded that the impact on a range of health outcomes is strongly affected by the level of support made available to employees by employers [32].

It has also been found that technical developments can cause structural changes in teamwork on an operational level, for example, the way that supervisors are able to perform their job and, for example, monitor the wellbeing of their workers. With the increase in remote working, the way that health and safety at work data is collected and reported also needs to be addressed [33].

The CHRODIS+ Workbox on Employment and Chronic Conditions provides practical support for employers, managers, civil society, and national governments to:

- Create working conditions that foster wellbeing, health, and work ability;
- Prevent development of chronic diseases; and
- Help individuals with chronic health problems remain in the workforce.

SIP believes that the CHRODIS+ Workbox, (which contains both a **Training Tool for Managers** as well as a **Toolkit for the Workplace**), should be shared as an example of best practice across Europe. SIP also supports similar sharing of similar best practices and practical tools to implement at national level, across Europe.

Article 14 of Directive 89/391/EEC, Health surveillance:

1. To ensure that workers receive health surveillance appropriate to the health and safety risks they incur at work, measures shall be introduced in accordance with national law and/ or practices.

2. The measures referred to in paragraph 1 shall be such that each worker, if he so wishes, may receive health surveillance at regular intervals.

3. Health surveillance may be provided as part of a national health system.

Health surveillance is provided for specific risk groups of employees in some countries (42% of the EU28). SIP believes that individuals with chronic pain should be classified as a risk group in terms of health and safety at work and therefore, consideration should be given to providing systematic health surveillance to individuals with chronic pain in the workplace.

A recent study recommended that the coverage and quality of occupational health surveillance requires evaluation to support learning from best practice and scientific studies. The study authors recommended better protection of EU workers via use of evidence-based health and safety at work programmes [34]". A recent survey by PAE also found that respondents experienced an average increase in pain intensity and pain interference because of the COVID-19 crisis [35].

It is with these points in mind that SIP makes the following recommendations and commitments for the 2021-27 Strategic Framework.

Our asks and commitments

Recognition of individuals with pain as a risk group

We ask the European Institutions and national governments to recognise individuals with chronic pain as a distinct, vulnerable, 'at-risk' group in the context of health and safety at work. This will contribute to assessing the societal impact of pain and build on existing initiatives and opportunities to fill data gaps on this - until now - unrecognised at-risk group.

Our commitments:

- Civil society, healthcare professionals, and patient groups share data gathered through surveys on the impact of employment on individuals with pain within the workforce.
- Civil society, healthcare professionals, and patient groups support the implementation of the European Pillar of Social Rights.

A multi-professional approach to health and safety at work

We ask European Institutions and national governments to promote a multi-professional approach to health and safety at work.

Our commitments:

- Civil society, healthcare professionals, patient groups, employers, and industry representatives acknowledge the value of a multi-professional approach to health and safety at work.
- Civil society, healthcare professionals, and patient groups engage in EU-OSHA activities such as the 'Healthy Workplaces – Lighten the Load' campaign.

Reasonable, flexible workplace adjustments

We ask European Institutions, national governments, employers, and industry representatives to facilitate and provide reasonable, flexible workplace adjustments for workers, in particular, for those with existing chronic conditions such as pain.

Our commitments:

- Civil society, healthcare professionals, patient groups, and employers share best practice on pain education for patients, healthcare professionals, politicians, and the broader community, such as the 'CHRODIS+ Workbox'.
- Civil society, healthcare professionals, patient groups, and industry representatives share best practice on flexible work environments for people living with pain; and data gathered through surveys on employment and chronic pain to contribute to evidence-based policymaking.

Evidence-based policymaking in health and safety at work

We ask European Institutions and national governments to systematically review, evaluate and adapt their health and safety at work policies in line with evidence-based recommendations.

Our commitments:

- Civil society, healthcare professionals, and patient groups foster the dissemination of research outcomes to their community and support a patient-led approach to research.
- Civil society, healthcare professionals, and patient groups share data gathered through surveys on employment and chronic pain to contribute to evidence-based policymaking.
- Civil society, healthcare professionals, and patient groups participate in relevant practice and policy evaluations as part of the evidence-based policymaking process.

Work can have a positive impact on the health, wellbeing, and productivity of Europeans and European society

We ask European Institutions, national governments, employers, and all other stakeholders to recognise the impact that a positive work environment and approach to work can have on the health, wellbeing, and productivity of Europeans and our society.

Our commitments:

- Civil society, healthcare professionals, patient groups, employers, and industry representatives share best practice on positive work environments; and data gathered through surveys on positive work environments to contribute to evidence-based policymaking.

SIP remains available for further discussions with the European Commission, the Members of the European Parliament, the Council, and Member States for future consultations (European and national levels) and cooperation to ensure our recommendations are implemented by both the EU, and national institutions. SIP's ultimate aim is to help reduce the Societal Impact of Pain by ensuring workers are able to function in the workplace, as well as for individuals with chronic pain to return to the workforce and remain an integral part of society.

Sources

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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 Pfizer are the main sponsors of the Societal Impact of Pain (SIP) platform.

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