Thank you very much, honourable members of parliament, ladies and gentlemen.

It is a great pleasure for me to address the second symposium on the societal impact of pain. I welcome that this conference puts the issue of pain, particularly in its chronic form, into a societal context. It is true that on a primary level people suffer pain alone. However, more broadly speaking, those suffering chronic pain are not alone. Unfortunately pain is far from being a rare phenomenon. A Eurobarometer survey from 2007 showed that just under one third of all respondents indicated that they experienced muscle, joint, neck or back pain which affected their daily activities. The same survey also revealed that some population groups are more likely to suffer from chronic pain than others. Those over 55 years of age experienced pain almost twice as often than the 15 to 24 age group. 43% of those who had finished their education at the age of 15 had a problem with pain compared with only 27% of those who continued their education until the age of 20 or beyond. Finally, the survey showed that 37% of women experienced pain compared to 27% of men.

Pain is clearly a considerable public health challenge but is also of significant economic importance. Available information on the cost of pain mainly focuses on musculoskeletal conditions resulting in back and neck pain. In Europe these conditions are thought to cause almost 50% of the total costs of sickness absence lasting longer than three days. Furthermore, musculoskeletal conditions rank as the second reported reason for people receiving disability benefits after mental disorders. If we take a broader look at the costs of pain-related conditions to society, we see that these go far beyond direct medical costs. These indirect costs include people being absent from work, people leaving the labour market early and the time spent by informal carers. The societal costs on member states exert a heavy burden on social security budgets across the board.

Given the personal, societal and economic implications of pain, I applaud the fact that a broad coalition of actors working on pain has been built over the years and is represented at this event. This is Europe working to its strengths. Experts and stakeholders from across European member states have come together today to exchange and discuss research findings and implementation experiences. This form of networking is of great value. It stimulates the improvement of the quality of professional practice across the European Union. I am pleased to support such events.

The European Commission puts pain on the agenda by providing data and by supporting projects targeting pain. An example is the defining [sic] best practices in palliative care in Europe, [a] project led by Radboud University in the Netherlands. The project ended in 2010 and was aimed at describing best practices in palliative care and developing guidelines. To increase our knowledge of pain origin, development and therapy, the European Commission is currently supporting a number of research projects. Our action does not stop here. As we saw earlier,

certain population groups are more likely to develop chronic pain. We must therefore look at pain in a broad context.

First, an important priority is to address health inequalities. The Eurobarometer survey showed that people with lower educational levels experience more pain than others. There is a health gap within our societies and between countries. Those population groups that are socio-economically stronger tend to enjoy better health. Equally there are strong disparities between member states. The average life expectancy is nine years higher in some member states than in others. To respond to these inequalities and inequities, the Commission presented its communication "Solidarity in Health: Reducing Health Inequalities in the European Union" in 2009. This set out a number of actions through health and social policies aimed at reducing health inequalities between and within member states.

Chronic pain is also a component in the work on active and healthy ageing at European Union level. The risk of experiencing pain increases with age so it is logical to expect that as the European population ages, we will face even more cases of chronic pain in future. As age is also one of the main risk factors for chronic diseases, it is predicted that the ageing population of Europe will lead to an increase of chronic diseases by 30% to 40% within the next 20 years. Keeping people healthier longer is a critical element of the Europe 2020 Strategy for smart, sustainable and inclusive growth adopted last year and the recent European innovation partnership on action and healthy ageing.

Let me turn to the related issue of mental health. Pain, in particular back pain, and mental disorders such as depression and anxiety often go together.

Honourable members, ladies and gentlemen. As I hope you have gathered from this brief overview, this symposium on pain is linked to several current health policy initiatives in the European Union. Your symposium is therefore of great relevance to the Commission and I look forward to learning of the outcomes of this event.

Let me close by looking back at the progress of the work on pain that has been made over the past 10 years since this symposium follows the first one held in 2010 [sic]. Ten years ago, the ambition of the first symposium on pain was to seek recognition for chronic pain as a major healthcare problem. Today we can say that we have come a long way. Pain is recognised and addressed as an important medical and psychological challenge in its own right and pain clinics have become a normality. I can only congratulate you on these achievements. I wish you all a very successful conference and that the work on pain continues to benefit from the pace of progress which you have helped to establish over the past ten years. Thank you very much.