To: Kaplan, Beth[/O=PURDUE/OU=PURDUE US/CN=External Addresses/cn=KaplanB]
From: Heins, James
Sent: Thur 4/25/2002 12:24:21 PM
Subject: Third party statements
Burke_a sense of balance.doc
AMA Statement.htm
American Geriatrics Society Panel on Pain Relief.doc
AmerPainFoundation.doc
APF_PainActionGuide.doc
ASAM_statement.doc
AAPM_statememt.pdf
Consensus.pdf

Beth,

Here are documents that will help. Call me if you want to go over them to narrow the field.

JWH

Burke_a sense of balance;AMA Statement;American Geriatrics Society Panel on Pain Relief;AmerPainFoundation;APF_PainActionGuide;ASAM_statement;AAPM_statememt

PLAINTIFF TRIAL EXHIBIT
P-22154_00001

OXYCONTIN- A SENSE OF BALANCE
By John Burke, Warren County Drug Task Force
National Association of Drug Diversion Investigators

The recent news media barrage on the abuse of OxyContin has caused an acute awareness of the drug's potential for abuse. The news of over 200 people arrested in eastern Kentucky and southwestern Virginia slammed into the headlines earlier this year.

Prior to that, Maine and Ohio had indicated significant patterns of abuse of OxyContin. The fact that this news hit during February, which is "sweeps" month, only fueled the media fire.

Scores of so called experts, including myself, were bombarded with interview requests by the local and national press on the OxyContin issue.

Most of my peers that I spoke to, and myself, were frustrated with the media when we were interviewed. They were anxious to hear stories of OxyContin abuse, but were largely disinterested in comments that the drug had a very legitimate function with the vast majority of its users.

I recently invited a local television station to spotlight a pharmaceutical diversion investigator that I hired to address the overall problem of prescription drug abuse in our county. They photographed him meeting pharmacists in our county and allowed him a brief statement about drug diversion. They had asked about OxyContin, and I told them I did not know how much of a problem the drug was in our area until my new investigator had some time to work cases.

The story aired two nights later and I knew there was a problem when I saw the promotional piece. The story strongly insinuated that I hired the investigator because of the OxyContin abuse issue! This, of course, was totally untrue, but rebuttal opportunities are few and far between.

When abused, OxyContin is crushed and either snorted or prepared for injection into the body. It allows the abuser to get their rush of oxycodone, exactly what they crave in their daily pursuit of another "fix". This method is nothing new, as Percocet, Percodan, and Tylox have been abused this way for years. We encountered addicts injecting 60-70 of these pills a day to satisfy their habits.

Of course, its exactly the opposite of what the legitimate pain patient receives when taken orally. The oxycodone is released gradually during the day, providing the patient with a steady supply of pain relief, and often the ability to be a functional part of our society.

I had a chance to see this first hand recently when I was visiting a large private pharmacy out West, and had the pleasure of meeting a nurse, who was an employee of the pharmacy. She counseled pain patients, and I had the chance to talk to her and watch her work for a few hours, and during our lunch together. It was obvious she had a passion for her job, and did it very well. It was only later that she told me she took two time-released oxycodone a day, and wore a fentanyl patch because of chronic pain problems. So much for the stereotype view of the drugged chronic pain patient!

So what's the answer to this dilemma of drug abuse and legitimate pain patients? I think its important to remember that OxyContin is only the current prescription drug of abuse getting media attention. Hydrocodone has long been the number one prescription drug of abuse, and usually overshadows the oxycodone products in second place. Benzodiazepines, such as alprazolam and diazepam, are another huge source of abuse in the prescription drug world.

In the meantime, the answers to reducing OxyContin abuse are the same answers for reducing prescription drug abuse in general. Education should be one of the top priorities for the general public, law enforcement, and maybe most importantly, health professionals who prescribe controlled substances.

Practitioners need to become more familiar with how to detect and prevent drug diversion in their practices. Little, if any education is provided in medical school to prepare a physician for the tactics employed by the professional drug seeker. They also need to pay more attention to suspicions of their own staff, and to the pharmacist, who are oftentimes the first to recognize drug diversion.

Health professionals need to cooperate with law enforcement and regulatory agencies in identifying and prosecuting those involved in these crimes.

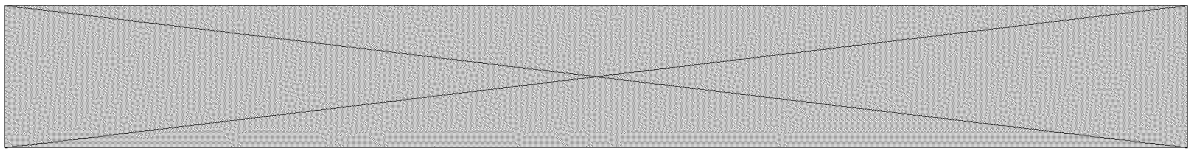
This includes the small percentage of health professionals who become involved in trafficking in prescription drugs. Physicians trafficking in prescription drugs commonly affect hundreds of their "patients" by perpetuating their addiction or providing thousands of dosage units to be sold on the streets.

Law enforcement needs to devote considerable more of their resources to the problem of prescription drug abuse. This is a huge problem that can no longer be ignored by my peers, and is a significant drug problem in every area of the United States. The 200 arrests made recently in Kentucky and southwest Virginia highlight the positive impact law enforcement can have on prescription drug abuse.

Finally, although we need to be aggressive when pursuing those who would divert or sell pharmaceuticals, we also need to make sure we do not adversely impact legitimate pain patients. We must remember that probably 90%+ of all pain medications are taken properly by legitimate patients, and none of us want to see them suffer.

A fringe group has recently called for the removal of OxyContin from the market because of its recent abuse statistics. Instead, lets not let criminal prescription drug offenders dictate ANY prescription drugs practitioners prescribe and pharmacists dispense. Eliminating any of these proven pharmaceuticals is not only dangerous, but the equivalent of "throwing out the baby with the bath water".

Lets go after the abusers, and safeguard those in pain.



Media briefings

Pain undertreated because of misunderstanding of need and fear of addiction

Pain assessment and management should be emphasized in medical school

For immediate release
October 29, 2001

Media advisory: To contact Howard A. Heit, M.D., call Beth Porter at (202) 687-4699. On the day of the briefing, call the AMA's Science News Department at (312) 464-5374.

SAN FRANCISCO—Effective treatment is available for most chronic pain, but because of a lack of comprehensive pain management training for physicians and the fear that a patient will become addicted to pain killing drugs, chronic pain is often undertreated or goes untreated, according to Howard A. Heit, M.D., a leading expert in pain treatment.

"There are at least 50 to 70 million people in the United States who are in pain and are either not treated or are undertreated. That should not be," states Dr. Heit, an clinical assistant professor at Georgetown University in Washington, D.C.

"Pain is one of the most common reasons for an office visit, but most physicians are not trained in effective pain management. Physicians need to become more familiar with pain medicines, the disease of addiction and how to evaluate pain patients," says Dr. Heit who spoke at the AMA's 20th Annual Science Reporters Conference in San Francisco.

A national survey published in *The Journal of Addictive Disease* found that 76 percent of medical students reported having little or no training in addiction medicine. An article published in *The Journal of American Board of Family Practice* stated that approximately 80 percent of the physicians in medical school and in residency programs rated their pain training as either poor or fair. Dr. Heit says pain management and addiction medicine should be included in the core curriculum of every medical school: "Physicians shouldn't be afraid to prescribe pain medication that allows Grandma to play with her grandchildren again."

Confusion surrounding the definitions of addiction, physical dependence and tolerance leads to the erroneous labeling of chronic pain patients on opioids as addicts, in some cases. This confusion also causes undertreatment of chronic pain.

"Physicians can be assured that the long-acting opioids they are prescribing for chronic pain do not produce the immediate peak blood level that results in euphoria or a 'high.' The drugs are effective at treating pain, but do not cause the sudden rush of euphoria that drug abusers seek. Long-acting opioids are of little use to people who abuse short-acting opioids," Dr. Heit explains.

"The goal of a chronic pain specialist is to decrease pain, increase function and quality of life and use medicines that do not have unacceptable side effects. The chance of producing a disease of addiction is extremely rare with a valid treatment of moderate to severe pain with opioids." Dr. Heit also notes that even people with addictive tendencies can safely be treated for chronic pain.

Acknowledging professional concerns about abuse of analgesics, Dr. Heit notes that the goal of doctors and regulatory agencies is to achieve a balance where the pain medicines go to the patients who need them and not to anyone who would abuse, divert or traffic the medicines.

"Find a physician who can help you. As a pain patient myself, I can tell you that people in pain want a physician to whom we can communicate how pain has disrupted our lives. I recommend finding a physician who will listen to you, believe you, evaluate you and treat you properly. If you are not currently in a good patient-physician relationship, you need to find another physician who understands that you are a valid chronic pain patient who is also a responsible citizen who will take pain medication in a responsible manner."

Dr. Heit adds, "Chronic pain is an important medical condition that, like other medical conditions, can be treated with FDA-approved medications consistent with state and federal regulations. Take the power in your hands to help educate your physician about medicines that will improve your quality of life."

Editors note: Dr. Heit has received honoraria from and/or serves on speakers bureaus for Purdue Pharma and Abbott Laboratories.

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For more information, contact the Science News Department at (312) 464-5374.

Last updated: Nov 09, 2001
Content provided by: AMA Science News

American Geriatrics Society Panel on Pain Relief, Palliative Care Pinpoints Access Barriers for Elderly, Dying

ATTENTION: Medical, Health editors

Chicago, May 9 (AScribe News) -- The war on drugs has an unintended consequence-millions of dying patients cannot get access to pain relieving drugs because doctors and pharmacists are seriously constrained by regulatory barriers designed to prevent drug abuse. The problem is even worse in non-white communities where one study showed only 25 percent of pharmacies maintain stocks of commonly prescribed pain relievers.

An American Geriatrics Society panel chaired by Bruce A. Ferrell, M.D., argued today at the AGS 2001 Annual Scientific Meeting that these problems, and publicity about street abuse of pain relievers such as oxycontin, discourage patients and their families from accepting these prescriptions even when they're desperately needed.

Diane Meier, M.D., noted that aged or dying patients fear addiction instead of concentrating on the more serious problem of alleviation of pain and discomfort. ``They're scared away by the media reports on abuse, but the media should be focusing on the problem of denial of pain relief, which impacts many thousands more people."

The panel also noted that physicians must use special costly triplicate prescription pads to meet Drug Enforcement Agency (DEA) regulations in almost all states including California and New York, and pharmacists would rather not stock the drugs for fear of running afoul of DEA regulations.

Sean Morrison, M.D., Director of Palliative Care Research at Mount Sinai's Hertzberg Palliative Care Institute, also cited a study that showed the impact is more pronounced for non-white patients. The study found that only 25 percent of pharmacies in predominantly non-white neighborhoods in New York City (those in which less than 40 percent of residents were white) had adequate supplies of medications commonly prescribed for severe pain, compared with 72 percent of pharmacies in predominantly white neighborhoods (those in which 80 to 100 percent of residents were white). The study was conducted after Dr. Morrison and his colleagues found that Black and Hispanic patients with serious life threatening diseases could not fill their prescriptions.

Other barriers to filling prescriptions included lack of health care coverage for these prescriptions for Medicare patients and a $15 a month limitation on filling Medicaid patient prescriptions.

Bruce Ferrell is associate professor of medicine at the University of California at Los Angeles School of Medicine. Diane Meier is Director of the Palliative Care Institute at the Mount

Sinai School of Medicine and Professor of Geriatrics and Internal Medicine, and Sean Morrison is Director of Palliative Care Research at Mount Sinai's Hertzberg Palliative Care Institute.

-30-

Media Contact: Pamela Ingham, American Geriatrics Society, 312-565-1234 Ext. 4115 or Ext. 3280

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Balancing News Stories About Opioids:
A Statement on the Value of Opioids
for People with Severe Pain

American Pain Foundation
April 16, 2001

The diversion and abuse of opioids-strong medications used to treat people suffering with severe pain-is now making front-page news. While these often-sensationalized stories have focused primarily on the illegal and dangerous use of these medications by drug abusers, they have often failed to balance the problem of abuse with the real news about these drugs-that they provide valuable relief for people suffering with serious pain. The danger of these stories is that they perpetuate long-standing myths and misconceptions about pain management and have the potential to discourage people with pain from receiving treatment that works.

According to Dr. James Campbell, Professor of Neurosurgery at Johns Hopkins Medical Center, past president of the American Pain Society, and Chairman of the American Pain Foundation, "Taking legal, FDA-approved opioid medications as prescribed, under the direction of a physician for pain relief, is safe and effective, and only in rare cases, leads to addiction. When properly used, these medications rarely give a "high"-they give relief. And, most importantly, they allow many people to resume their normal lives."

The management of pain is finally starting to achieve the status it deserves in healthcare. Healthcare professionals, policy makers, the public, and the media are becoming more aware of the undertreatment of pain and are beginning to take steps to address the problem. On January 1, 2001, for example, the new pain standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the largest accrediting body in the United States, now require all of its 19,000 hospitals, nursing homes, and other healthcare facilities to assess and treat pain, and inform patients about their right to effective pain care. If they don't comply, they can lose their accreditation.

In spite of these advances, over 50 million Americans still live with malignant or non-malignant chronic pain. And although most pain can be managed, it often goes untreated, improperly treated, or undertreated. For example, studies show that while cancer pain can almost always be relieved, more than 40% of cancer patients are undertreated for pain. Why? One reason is a false fear that opioid medications taken for pain are dangerous or addictive.

Doctors and pharmacists need to be diligent in taking security measures to keep opioid medications out of illegal and improper hands. Regulators and law enforcement officers should be tough in combating the illegal diversion

of opioids into street traffic, but they should do it in a balanced way that doesn't discourage the safe and legal use of opioid medications for pain care. And the news media should always balance news about opioids with information about their value to people with severe chronic pain.
We must be careful not to turn the "War on Drugs" into a "War on Patients."

For more information contact:
Lennie Duensing
Director of Communications and Public Outreach
American Pain Foundation
845-351-1010
lduensing@painfoundation.org <mailto:lduensing@painfoundation.org>

Resources:
American Academy of Pain Medicine
"The Use of Opioids for the Treatment of Chronic Pain"
(Consensus Statement with American Pain Society)
<http://www.painmed.org/productpub/statements/opioidstmt.html>
American Pain Society
"The Use of Opioids for the Treatment of Chronic Pain"
(Consensus Statement with American Academy of Pain Medicine)
<http://www.ampainsoc.org/advocacy/opioids.htm>
American Society of Addiction Medicine
"Definitions Related to the Use of Opioids
in Pain Treatment" (Consensus Document)
<http://www.asam.org/ppol/paindef.htm>
Cancer Care, Inc.
"Special Section on Pain"
<http://www.cancercare.org/campaigns/pain1.htm>
Cleveland Free Times
"OXYCONJOB: The Media-Made Oxycontin Drug Scare
<http://www.freetimes.com/issues/933/features-coverstory.php3>
CNN.com
"Benefits From Opioids Outweigh Risks, Study Says"
<http://www.cnn.com/2000/HEALTH/04/04/pain.killer.wmd/>
Hospital Practice Online
"Chronic Pain: The Case For Opioids"
<http://www.hosppract.com/issues/2000/09/brook.htm>
Medscape Resource Center (requires free registration)

<http://www.medscape.com/medscape/features/ResourceCenter/pain/public/RC-ind
ex-pain.html>
National Foundation for the Treatment of Pain
"Patients' Perspective: Patients' Reluctance to Take Opioids"

<http://www.paincare.org/pain_management/perspectives/patients/reluctance.ht

ml>
Newsweek
"Painkiller Crackdown" (May 14, 2001)
http://www.msnbc.com/news/569324.asp#BODY
<http://www.msnbc.com/news/569324.asp>
Newsweek (April 9, 2001)
"Playing With Painkillers"
<http://stacks.msnbc.com/news/553026.asp>
"Opioids for Chronic Cancer and Non-Cancer Pain: A Survey of State Medical Board Members"
<http://www.medsch.wisc.edu/painpolicy

Reading this could help ease your pain

Pain Action Guide

American Pain Foundation

Pain Care Bill of Rights

As a person with pain, you have:

- The right to have your report of pain taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists and other healthcare professionals.
- The right to have your pain thoroughly assessed and promptly treated.
- The right to be informed by your doctor about what may be causing your pain, possible treatments, and the benefits, risks and costs of each.
- The right to participate actively in decisions about how to manage your pain.
- The right to have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- The right to be referred to a pain specialist if your pain persists.
- The right to get clear and prompt answers to your questions, take time to make decisions, and refuse a particular type of treatment if you choose.

Although not always required by law, these are the rights you should expect, and if necessary demand, for your pain care.

How serious is the pain problem?

Pain is a major healthcare crisis in the United States. More than 50 million Americans suffer from chronic pain caused by various diseases and disorders, and each year another 25 million experience acute pain as a result of injury or surgery.

Although most pain can be relieved or greatly eased with proper pain management, the tragedy is that most pain goes untreated, undertreated, or improperly treated. No one should have to suffer needlessly when the knowledge and skills are available today to manage most pain.

If left untreated, chronic pain can prevent you from having a full and meaningful life. Once your pain is under control, your body and mind will be less stressed. You'll be able to sleep better, focus on work, enjoy relationships with family and friends, and take part in social activities. If your pain has been caused by an injury or surgery, your recovery may be faster once your pain is managed.

Finding good pain care and taking control of your pain can be hard work. Learn all you can about pain and possible treatments. Be persistent, insist on your rights, and don't give up.

If most pain can be eased, why do so many people with pain suffer needlessly?

Many of us have beliefs about pain that are simply not true and prevent us from getting the relief we deserve. The truth is:

- Pain is not something you "just have to live with." Treatments are available to relieve or lessen most pain. If untreated, pain can make other health problems worse, slow recovery, and interfere with healing. Get help right away, and don't let anyone suggest that your pain is simply "in your head."

- Not all doctors know how to treat pain. Your doctor should give the same attention to your pain as to any other health problems. But many doctors have had little training in pain care. If your doctor is unable to deal with your pain effectively ask your doctor to consult with a specialist, or consider switching doctors.

- Pain medications rarely cause addiction. Morphine and similar pain medications, called opioids, can be highly effective for certain conditions. Unless you have a history of substance abuse, there is little risk of addiction when these medications are properly prescribed by a doctor and taken as directed. Physical dependence–which is not to be confused with addiction–occurs in the form of withdrawal symptoms if you stop taking these medications suddenly. This usually is not a problem if you go off your medications gradually.

- Most side effects from opioid pain medications can be managed. Nausea, drowsiness, itching, and most other side effects caused by morphine and similar opioid medications usually last only a few days. Constipation from these medications can usually be managed with laxatives, adequate fluid intake, and attention to diet. Ask your doctor to suggest ways that are best for you.

- If you act quickly when pain starts, you can often prevent it from getting worse. Take your medications when you first begin to experience pain. If your pain does get worse, talk with your doctor. Your doctor may safely prescribe higher doses or change the prescription. Non-drug therapies such as relaxation training and others can also help give you relief.

How do I talk with my doctor or nurse about pain?

1. Speak up! Tell your doctor or nurse that you're in pain. It is not a sign of personal weakness to tell them about your pain. Pain is a common medical problem that requires urgent attention. So don't be embarrassed or afraid to talk about it.

2. Tell your doctor or nurse where it hurts. Do you have pain in one place or several places? Does the pain seem to move around?

3. Describe how much your pain hurts. On a scale from 0 to 10, zero means no pain at all and 10 means the worst pain you can imagine. In the past week, what was the highest level of pain you felt? When did you feel it? What were you doing at the time? When did it hurt the least? How bad does it hurt right now?

4. Describe what makes your pain better or worse. Is the pain always there, or does it go away sometimes? Does the pain get worse when you move in certain ways? Do other things make it better or worse?

5. Describe what your pain feels like. Use specific words like sharp, stabbing, dull, aching, burning, shock-like, tingling, throbbing, deep, pressing, etc.

6. Explain how the pain affects your daily life. Can you sleep? Work? Exercise? Are you able to do activities with family and friends? Can you concentrate on tasks? How is your mood? Are you sad? Irritable? Depressed? Do you feel unable to cope?

7. Tell your doctor or nurse about past treatments for pain. Describe any medical treatments you've had such as medication or surgery, and mention other approaches you've tried. Have you done massage, yoga or meditation? Applied heat or cold to the painful areas? Exercised? Taken over-the-counter medications, or supplements such as vitamins, minerals, and herbal remedies? Tried other treatments? Explain what worked and what didn't.

Tip: Write down your questions for the doctor or nurse before an appointment. People often get nervous and forget to ask all their questions. Take notes so you can review them later. If possible, bring along a family member or friend to provide support, help take notes, and remind you of what was said.

How can I get the best results possible?

- Take control. It's your responsibility to tell your doctor you're in pain, take part in planning your treatment, follow your pain management plan, ask questions, and speak up if treatment isn't working. If necessary, seek other help. Be persistent until you find what works best for you.

- Set goals. Once you've found a doctor you trust, decide with your doctor on some realistic goals for things you most want to do again – for example, sleeping, working, exercising, enjoying sexual relations, etc. Begin working on the easiest goals first.

- Work with your doctor or nurse to develop a pain management plan. This might include a list of medications, when to take them, and possible side effects. It might include therapies other than medication. Make sure you understand the plan and carry it out fully. If you don't, you are less likely to get relief.

- Keep a pain diary. Write down information about your level of pain at different times, how you're feeling, and what activities you're able to do or not do. Keep a record of medications you're taking or any non-drug treatments. The diary will help you see what's working and measure progress. Bring your diary on visits to the doctor.

- Ask your doctor or nurse about non-drug, non-surgical treatments. These could include relaxation therapy, exercise, massage, acupuncture, meditation, application of cold or heat, behavioral therapy, and other techniques.

- Ask your doctor or nurse about ways to relax and cope with pain. The way you feel about your pain can actually affect the pain itself. Your pain may feel worse if you are stressed, depressed, or anxious.

- If you have questions or concerns, speak up. If you're worried about medications or other treatments, ask your doctor or nurse. If your treatment is not working, insist that your pain be reassessed and new treatments offered. Be polite, but be firm.

- If you're going to have surgery, ask your doctor for a complete pain management plan beforehand. Ask what medications you will receive before the operation to minimize pain later, and what will be available for pain relief afterwards.

- If you're a patient in a hospital or other facility and you're in pain, speak up. Ask a doctor or nurse for help. If you don't get help right away, ask again. If you still don't get help, ask to speak to the patient advocate or representative. Most likely the doctor or nurse will respond, but be sure to insist on effective pain care without delay.

- Pace yourself. Once you experience some degree of control over your pain, don’t overdo it. Your body may be out of condition if you have been suffering pain for awhile. Take time to gradually build up to normal activity.

- If you’re not satisfied with your pain care, don't give up. Does your doctor listen to you? Is your doctor able to assess and treat your pain? Are you getting adequate care? If after a reasonable time the answer is "no," find another doctor or pain care program.

Where can I find help?

If you want to learn from people in other organizations who understand particular types of pain:

- For chronic pain, contact the American Chronic Pain Association at www.theacpa.org or call 1-916-632-0922.
- For cancer pain, contact Cancer Care at www.cancercare.org or call 1-800-813-HOPE, or contact your local American Cancer Society office.
- For a list of organizations that specialize in a particular disease or disorder, contact the American Pain Foundation at www.painfoundation.org or call 1-888-615-PAIN.

If you want to find a pain specialist:

- Ask your regular doctor, if you have one, for a referral to a good pain specialist or pain clinic.
- Ask family members, friends and co-workers who have suffered from pain for a recommendation.
- Contact the largest local hospital or medical school in your area and ask if they have a pain team or know of a good local pain specialist or pain clinic.
- If you are under a managed care program, call your representative or caseworker and ask for their list of approved pain specialists.
- Call a local hospice, even though you may not need hospice care, and ask them to suggest doctors who are good at pain management.

Tip: Ask if the doctor belongs to any pain-related medical societies or has had special training or certification in pain medicine. Check the American Pain Foundation website or call us for information about professional organizations and certifying programs.

About the American Pain Foundation

The American Pain Foundation is an independent, nonprofit information, education and advocacy organization serving people with pain. Our mission is to improve the quality of life for people with pain by raising public awareness, providing practical information, promoting research, and advocating to remove barriers and increase access to effective pain management.

Our consumer friendly website has information about causes, treatment options, ways to find trained specialists and peer support, and how to cope with pain. It also links to over 200 carefully selected websites on pain and related topics.

Visit us at our website at:
www.painfoundation.org

If you are unable to get access to the Internet and need more information, write to us at:

American Pain Foundation
111 S. Calvert Street, Suite 2700
Baltimore, MD 21202

To order information by phone, leave a message on our toll-free information line at:
1-888-615-PAIN (1-888-615-7246)

Or send an e-mail to:
info@painfoundation.org

10/00

May 10, 2001

For immediate release: Contact person: James F. Callahan
301 656-3920

American Society of Addiction Medicine: PREVENT MISUSE OF PAIN MEDICATIONS, BUT DO NOT WITHHOLD THEM FROM PATIENTS WHO NEED THEM.

Chevy Chase, Maryland, May 10, 2001 The American Society of Addiction Medicine (ASAM) recognizes the important role of opioids in the treatment of pain, and the necessity of having different types of opioids available to meet the needs of patients with serious pain problems. ASAM also recognizes that diversion of prescription pain medications for use by addicted individuals, or for sale by others is an important public health and law enforcement problem.

In a Statement released today, ASAM President, Andrea Barthwell, M.D., FASAM said that "diversion of prescription pain medications, principally opioids, occurs because of addicted individuals who seek these drugs, or because of individuals who divert them for sale. Restriction of the availability of opioid pain medications will not reduce problems of diversion and addiction, but may deter effective pain treatment for many individuals who suffer with pain."

"ASAM," Barthwell said, "is concerned about and opposed to the diversion and abuse of opioid medications because of the threat to individuals and the public health. ASAM supports law enforcement in its efforts to identify and intervene in medication diversion. At the same time, ASAM encourages and supports broader access to medical treatment for individuals addicted to prescription drugs, as well as to other substances.

"An important approach to curbing prescription drug diversion is to encourage the health care community, state and federal legislators, law enforcement agencies and pharmaceutical manufacturers to establish education programs and monitoring procedures to ensure that patients who need opioid medications for pain control have access to them, while individuals who would divert or traffic the pain medications do not."

The treatment of chronic pain most often requires a multidimensional approach. opioids alone are rarely effective. If opioids are indicated as a component of treatment, they must be used responsibly and appropriately, with proper evaluation and follow up of the patient. The goals of opioid treatment of chronic pain are to decrease pain and increase the level of function of the patient.

When properly prescribed and monitored, the development of addiction to opioids in the course of pain treatment is rare in patients with no history of addictive disease. Special care is required in supporting patients with a history of addiction while using opioids for pain treatment, but effective treatment of pain should be provided to all patients including those with addictions.

Because misunderstandings regarding the nature of addiction are often a barrier to proper pain management, ASAM seeks to educate physicians and the lay public about the proper approaches to the treatment of pain and about the fact that the appropriate treatment of pain with opioid medication does not inevitably lead to addiction. ASAM is also engaged in improving access to appropriate pain treatment for all patients, including those with addictive disorders, using either opioid or non-opioid treatment, as

appropriate. ASAM has undertaken this in collaboration with the American Pain Society and the American Academy of Pain Medicine.

The American Society of Addiction Medicine (ASAM) is a national medical specialty society of physicians engaged in research on and prevention and treatment of addiction to alcohol, nicotine and other psychoactive substances. The Society's mission is to educate physicians and to improve access to treatment for individuals with addictions.

AMERICAN ACADEMY OF PAIN MEDICINE
Physicians Dedicated to Relieving Pain
aapm

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Web site: http//www.painmed.org/

FOR IMMEDIATE RELEASE

Contact: Kris Haskin
847/375-4731

Decade of Pain Control and Research 2001-2010

AAPM Releases Statement on the Diversion and Abuse of Controlled Substances

Miami Beach, FL – February 16, 2001 – This official position statement is issued at the annual meeting of the American Academy of Pain Medicine, the organization representing physicians who specialize in the practice of Pain Medicine.

We are very concerned and strongly opposed to the diversion and abuse of controlled substances and support law enforcement efforts to stop these criminal activities. However, there is an issue of greater importance to public health resulting from the inadequate treatment of patients with serious pain disorders.

To help prevent these problems, the American Academy of Pain Medicine worked with the U.S. Congress to declare this the Decade of Pain Control and Research, worked with the Federation of State Medical Boards to create a clinical guideline for the appropriate use of opioid medications in treating pain, and is developing an educational program for primary care professionals on pain assessment, opioid usage, and detection of addiction and prevention of diversion.

Millions of people have suffered unnecessarily because of barriers to effective pain treatment. Exaggerated and unrealistic fears of addiction are paramount among these barriers, which should not be re-erected in response to publicity regarding drug abuse. Physicians should not be afraid to provide adequate analgesia when able to do so, and patients with acute pain or pain from cancer, AIDS, and other serious diseases should not fear the use of opioids, which are safe when used appropriately.

Experience and investigation have shown that when opioids are prescribed and used appropriately in the treatment of pain there is minimal danger of creating an addictive disorder. Evidence to date indicates that substance abuse problems have not increased as a result of the increased availability of therapeutic opioids. The public health problem represented by misuse of prescription opioids is miniscule in comparison with that of untreated and unrelenting pain.

A JOINT STATEMENT FROM 21 HEALTH ORGANIZATIONS AND THE DRUG ENFORCEMENT ADMINISTRATION

Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Act

As representatives of the health care community and law enforcement, we are working together to prevent abuse of prescription pain medications while ensuring that they remain available for patients in need.

Both healthcare professionals, and law enforcement and regulatory personnel, share a responsibility for ensuring that prescription pain medications are available to the patients who need them and for preventing these drugs from becoming a source of harm or abuse. We all must ensure that accurate information about both the legitimate use and the abuse of prescription pain medications is made available. The roles of both health professionals and law enforcement personnel in maintaining this essential balance between patient care and diversion prevention are critical.

Preventing drug abuse is an important societal goal, but there is consensus, by law enforcement agencies, health care practitioners, and patient advocates alike, that it should not hinder patients' ability to receive the care they need and deserve.

This consensus statement is necessary based on the following facts:

Undertreatment of pain is a serious problem in the United States, including pain among patients with chronic conditions and those who are critically ill or near death. Effective pain management is an integral and important aspect of quality medical care, and pain should be treated aggressively.

For many patients, opioid analgesics – when used as recommended by established pain management guidelines – are the most effective way to treat their pain, and often the only treatment option that provides significant relief.

Because opioids are one of several types of controlled substances that have potential for abuse, they are carefully regulated by the Drug Enforcement Administration and other state agencies. For example, a physician must be licensed by State medical authorities and registered with the DEA before prescribing a controlled substance.

In spite of regulatory controls, drug abusers obtain these and other prescription medications by diverting them from legitimate channels in several ways, including fraud, theft, forged prescriptions, and via unscrupulous health professionals.

Drug abuse is a serious problem. Those who legally manufacture, distribute, prescribe and dispense controlled substances must be mindful of and have respect for their inherent abuse potential. Focusing only on the abuse potential of a drug, however, could erroneously lead to the conclusion that these medications should be avoided when medically indicated – generating a sense of fear rather than respect for their legitimate properties.

Helping doctors, nurses, pharmacists, other healthcare professionals, law enforcement personnel and the general public become more aware of both the use and abuse of pain medications will enable all of us to make proper and wise decisions regarding the treatment of pain.

American Academy of Family Physicians

American Academy of Hospice and Palliative Medicine

American Academy of Pain Medicine

American Alliance of Cancer Pain Initiatives

American Cancer Society

American Medical Association

American Pain Foundation

American Pain Society

American Pharmaceutical Association

American Society of Anesthesiologists

American Society of Law, Medicine & Ethics

American Society of Pain Management Nurses

American Society of Regional Anesthesia and Pain Medicine

Community-State Partnerships to Improve End-of-Life Care

Drug Enforcement Administration

Last Acts

Midwest Bioethics Center

National Academy of Elder Law Attorneys

National Hospice and Palliative Care Organization

Oncology Nursing Society

Partnership for Caring, Inc.

University of Wisconsin Pain & Policy Studies Group