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ASPMN Response to Proposed Legislation and Recently Released Federal Actions

The American Society for Pain Management Nursing, (ASPMN) represents nurses nationwide with extensive education and experience treating patients suffering from the severest and most intractable pain. As experts in the appropriate use of pain medicines, we recognize that the abuse and misuse of prescription opioids (commonly referred to a “strong painkillers” by the media) are serious problems. ASPMN is equally concerned that patients have access to effective pain management. We know pain management requires an individualized, balanced approach using interdisciplinary methods, and that health care provider and consumer education along with attitudinal change is essential to success.

While we applaud and understand the intentions of legislators making efforts to reduce abuse and misuse of prescription opioids through recently introduced legislation like H.R. 1316 “Stop Oxy Act of 2011”, and H.R. 1065 “Pill Mill Crackdown Act of 2011”, we believe legislation should never restrict or compromise the ability of the prescribing clinician by limiting specific drugs or doses to subjective categories such as “severe” or “mild”. H.R. 1316 seeks to reclassify oxycodone to allow it only be used to treat severe pain, and H.R. 1065 seeks to reclassify hydrocodone combination drugs to “make them more difficult to prescribe and obtain”. This will have a minimal effect on prescription abuse/misuse, and will limit access to people who use these medications as part of a balanced approach to effective pain management. Research clearly shows that abusers simply switch to another drug when one source of abuse becomes difficult to obtain. Patients, however, are not always able to achieve the same pain relief and absence of side effects when forced to use a different prescription medicine. Limiting patient access based on arbitrary designations does not take into account the fact that pain is felt differently by each individual. A certain dose level for one may alleviate their pain but it does not mean it will do the same for everyone. Pain management is not one size fits all.

The lack of education on the treatment of pain and substance abuse often poses a barrier to treatment. Funding for treatment of both is inadequate for the time and intensity needed for both conditions. Better funding for prescriber education on both pain management and substance abuse is needed. Additionally, an effective approach to reduce misuse and abuse of prescription medications cannot solely be directed at healthcare providers, and pharmaceutical companies. Patients also have a responsibility.

Therefore, we believe that standardization and promotion of health care provider education and patient education is the most logical way to reduce the risk of abuse and misuse of prescription medications. Through education, health care providers and their patients will be given the necessary tools that can be applied at the beginning and throughout their treatment. This clearly makes the most sense as part of any risk management strategy. We also believe that patients and the public need to be properly educated about the safe use of prescription medications. Additionally, and no less important is the need to affect attitudinal change. Education that focuses on the benefits of these medications in the management of pain when taken as directed by a healthcare provider are necessary to take opioids off of the “demonization list”, and more importantly to remove the negative stigma placed on the patients who take them.

President Obama’s recently released *Action Plan to Address the National Prescription Drug Abuse Epidemic* promotes prescriber education. We support this approach as it is a step in the right direction toward addressing the complex issues that contribute to increased prescription drug abuse/misuse.

Finally, we believe that the FDA also has made steps in the right direction with their recently released action requiring drug makers to develop an education program for prescribers about the safe use of opioids through their Risk Evaluation and Mitigation Strategy (REMS). However, we remain concerned that there is no clear mandate to standardize the process nor is education mandatory. In addition, the REMS only includes long-acting opioids. ASPMN, along with numerous pain experts recommended inclusion of short-acting/immediate release opioids in their REMS as there is no pharmacological difference, beyond duration of action, between long acting and short acting opioids. We are concerned that a strategy that does not include both will shift usage from one to the other and not solve the problem.

The mission of American Society for Pain Management Nursing is to advance and promote optimal nursing care for people affected by pain by promoting best nursing practice through education, standards, advocacy, and research. ASPMN stands ready to help legislators, the administration, federal agencies, and other stakeholders in any way we can to address these important issues. Please feel free to contact us if we may be of further assistance. wade@aspmn.org or 913-895-4606