

JOINT POSITION STATEMENT: PAIN MEDICATION AND PRESCRIBING RESTRICTIONS

Ensuring that peoples' lives are not overpowered by pain is a priority for the American Cancer Society Cancer Action Network (ACS CAN) and the Alliance of State Pain Initiatives (ASPI). We support and encourage national, state, and local efforts to promote effective pain management and remove barriers so that pain can be appropriately assessed and adequately treated in all patients from the time of cancer diagnosis and continuing throughout life.

While not all cancer patients experience pain, it is one of the most common symptoms associated with cancer. Pain can occur at any point across the cancer spectrum, but is most prevalent for those facing the end of life. Pain can also continue into survivorship, persisting long after active cancer treatment concludes.

Uncontrolled pain can devastate a person's quality of life, affecting all aspects of daily functioning, including sleep, work, and relationships. Cancer patients and survivors should have access to the most effective treatment methods to reduce their suffering. This includes ensuring availability of Schedule II controlled substances (such as opioid analgesics), which are approved and essential for medical management of moderate to severe pain.

ACS CAN and ASPI support the primacy of clinical decision-making between health care providers and their patients. Efforts to prevent diversion and abuse of opioid analgesics are very important and necessary but should not interfere with medical practice and patient care. Policies aimed at preventing drug diversion, regulating professional practice, and improving patient care must be balanced so they do not restrict medical decision-making and the availability of controlled substances for legitimate medical purposes. The roles of both health professionals and law enforcement personnel in maintaining this essential balance between patient care and diversion prevention are critical.

ACS CAN and ASPI oppose policies that unduly limit the types or amounts of pain medications that can be prescribed or dispensed. Some state laws or other policies restrict prescribing and dispensing of medications to a greater extent than federal policy and can interfere with medical decisions and expertise.¹ Among these are policies that limit:

- Type of drug used (e.g., provisions that ban or reclassify specific medications);
- Quantity of drug prescribed (e.g., 30-day supply or daily dosage limits); or
- Duration of prescription validity (e.g., valid less than 14 days).

Despite the fact that effective treatments exist, fewer than half of cancer patients receive adequate pain relief. Under-treatment of pain is a serious public health problem in the United States. Practitioners must have flexibility to respond to the treatment needs of individual patients, which can vary greatly even among patients with the same disease or condition.

The Society and ASPI encourage policymakers and the drug enforcement community to work with the health care community and patient advocates to develop balanced policy toward controlled substances. These efforts should include educating the public and health care professionals about the importance of pain control, as well as understanding laws and regulations controlling the distribution, prescribing, and dispensing of these vital medications.

¹ Pain & Policy Studies Group. *Achieving Balance in State Pain Policy: A Progress Report Card (Third edition)*. University of Wisconsin Paul P. Carbone Comprehensive Cancer Center. Madison, Wisconsin, 2007.