



Issue 29

Pennsylvania Cancer Pain Initiative Newsletter Fall 2001

Cancer Patients Have a Right to Pain Control

A MESSAGE FROM THE DIRECTOR

Our thoughts are with the families and friends of the victims of September 11, 2001 and with the volunteers, the firefighters, the police, and their families.

Pennsylvania Cancer Pain Initiative (PCPI)
Director's Message

I haven't heard anything about the PCPI in awhile. Where did the PCPI go? Why haven't I received a PCPI newsletter? When is the next Cancer Pain Role Model Conference? Is the PCPI having an annual conference?

These are just a few of the questions that I have been asked. Health-care professionals throughout the Commonwealth from rural to urban facilities have inquired about the fate of the PCPI. Many have asked what happened? Well, funding from the PA Department of Health ended on August 31, 1999. Our attempts to secure other funds needed to maintain the momentum of the PCPI were unsuccessful.

In the winter of 2001, the Steering Committee decided to try again to obtain funding to revitalize the PCPI. And, that is what we intend to do with your help and support. As the Director of Patient and Survivorship Initiatives of the Pennsylvania Division of the American Cancer Society (ACS), Pat

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THANKS TO ABUSERS, OXYCONTIN GETTING A BAD RAP

Mary Elizabeth Campomizzi

MEDIA COVERAGE surrounding the drug OxyContin has put the 50 million patients in the United States (one in five individuals) who suffer from untreated or under treated chronic pain at risk of losing an effective treatment that allows them to lead functional lives. I am very discouraged when I speak with patients I care for who have taken OxyContin. After months or years of limited pain, several have abruptly stopped taking the medication they once called their "saving grace," for fear of becoming an "addict." Now they suffer not only from pain, but also from symptoms of withdrawal - anxiety, irritability, sweating, nausea, vomiting and diarrhea - because they didn't call their doctor or pharmacist for assistance in stopping their medication. These withdrawal signs are not unique to opioids, and are not signals of addictive behavior. Similar signs would appear in a patient stopping his or her blood pressure medicine or antidepressant too quickly, as well. After some intense education about OxyContin, addiction and how to protect themselves from drug diversion, most are relieved that they can safely take the drug despite the adverse publicity. Most patients, and even most health professionals, are not aware of the medical literature that examines the true risk of addiction

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AMERICAN CANCER SOCIETY MAKES CANCER PAIN MANAGEMENT MAJOR PRIORITY

The American Cancer Society has established ambitious goals for cancer control including prevention and detection as well as quality of life of cancer survivors. Among these goals, to be achieved by the year 2015, is to ***"Provide appropriate care for the control of pain based upon an appropriate care plan using uniform standards of care of 90% of cancer survivors by 2015."***

The American Cancer Society must partner with other initiatives, especially the Pennsylvania Cancer Pain Initiative (PCPI), in attempting to achieve this goal. Working with the

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Pennsylvania Cancer Pain Initiative in partnership with the American Cancer Society, Pennsylvania Division

Director's Message Continued

Doll and I met to discuss combining our efforts. Such a partnership seemed to be in keeping with the ACS goal to "provide appropriate care for the control of pain based upon an appropriate care plan using uniform standards of care of 90% of cancer survivors by 2015."

And so, on behalf of the PCPI Steering Committee, I proudly announce the collaboration of the PCPI and PA Division of the ACS in efforts to address cancer pain and cancer pain relief in Pennsylvania. With the support of the ACS, quarterly newsletters will be distributed, educational brochures will be printed for dissemination, and a statewide educational conference will be held on April 5, 2002. In addition, the PCPI is constructing a website at www.papainrelief.org.

We hope that you will help us by attending sponsored conferences and workshops; distributing newsletters, brochures, and posters; forwarding contact information about potential new members; writing articles; and submitting conference and meeting dates for the newsletter.

And, when you meet someone from ACS, please thank him or her for providing us with the opportunity to revitalize the PCPI. I'd appreciate it if you would volunteer for one of these activities by contacting me at gbrown@psu.edu.

Thank you.
Georgia Brown, RN, BSN
Director, PCPI

OxyContin Continued

from opioid use. In one of the largest studies, there were no cases of addiction reported over a six-year period in 10,000 adults and children taking opioid drugs for pain related to serious burns. In examining these studies as a whole, the incidence of addiction in pain patients treated with opioids, like OxyContin, was less than 0.0003 percent. Studies reveal that 25 percent of cancer patients die in pain, and 50 percent of patients with diagnoses such as lung disease, heart failure, liver disease and cancer suffer from moderate to severe pain during their illness. As a result, the Joint Commission on Accreditation of Healthcare Organizations, an organization responsible for evaluating hospitals and other health care organizations, has mandated pain control as an essential right of patients entering the hospital. Physicians are being sued for ignoring pain in their patients, and medical, pharmacy and nursing schools are finally incorporating pain education into their curriculum. Yet despite all of these successes on behalf of patients, pain practitioners are fighting the battle of their careers: to keep available the medications that have allowed good pain control. As a result of the media attention, the FDA plans to convene a special hearing in September to decide whether to significantly restrict the availability of OxyContin and other long-acting pain relievers from patients who need them most. This country has gone mad. The American Medical Association, U.S. Department of Health and the American Pain Society endorse the use of agents such as OxyContin to treat cancer-related and non-cancer-related

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PCPI to educate patients and caregivers on ways to talk to their health care provider about pain management is of utmost importance. In addition, influencing public policy for priority issues in quality of life including pain control is on our agenda.

AMERICAN CANCER SOCIETY RESOURCES TO HELP MANAGE CANCER PAIN

The *Relieving Cancer Pain* Workshop for persons with cancer and their loved ones is now available in almost all counties of Pennsylvania through the local American Cancer Society offices. The 2-½ hour workshop is designed to address the cancer pain-related concerns of adults who have been diagnosed with any form of cancer. It is also designed to address the cancer pain-related concerns of their loved ones—spouses, partners, adult children and other relatives and friends who may be affected by the impact of pain

on the life of the cancer patient, as well as on their own lives. The workshop provides participants with an opportunity to discuss these concerns with knowledgeable individuals and to develop a personal Pain Control Plan. Ways to talk to the health care provider to describe pain and ask for relief are provided, also.

The American Cancer Society's Guide to Pain Control book is available now by calling 1(800) ACS-2345. The comprehensive guide is designed to help people with cancer, their families, and caregivers develop a better understanding of the complex issues involved in dealing with cancer pain and the toll it can take on people's lives. The book provides a wealth of information including talking to one's health care team about pain, current drug and non-drug treatments, and dealing with the financial and emotional concerns. If ordered through the American Cancer Society it is available for a cost of \$14.95. It is available also, at retail bookstores for a cost of \$18.95.

OxyContin Continued

chronic pain. Yet, physicians are tearing up their prescription pads, pharmacists are removing stock from their shelves and the drug abusers are running the show. Where else but in America can an abuser illegally acquire a drug meant for a legitimate medical purpose, crush it, snort or inject it, and then blame the drug and its maker for the adverse consequences of their actions? And what about OxyContin-related deaths, really? Upon investigation, deaths attributed to OxyContin abuse were found to be caused by a cocktail of medications and alcohol. Some, but not all, of these "cocktails" contained oxycodone, the active ingredient in OxyContin and at least 10 other commonly used and abused medications. Only a handful of the cases reported could be linked directly to use of OxyContin specifically, yet this fact has gone virtually unnoticed. Clearly, death from any cause,

particularly a prescription drug, is no laughing matter. But, pointing our fingers at the drug is not the solution. We need to concentrate our efforts on prosecuting the physicians who provide bogus prescriptions and those people who steal medication from patients or pharmacies. People suffering from addiction should be treated for the illness it is, and abusers shouldn't mistake media stories about OxyContin as an invitation into a new kind of high. The right thing to do is legitimately write, dispense or administer medication to treat chronic pain. What's wrong is not seeking treatment.

Mary Elizabeth Campomizzi is an assistant professor at Nesbitt School of Pharmacy of Wilkes University in Wilkes-Barre, and a member of PCPI.

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Calendar of Events

November 27-28, 2001

Title: ELNEC: Nursing Continuing Education Providers and Clinical Staff Development Educators

Location: Philadelphia, PA

Web: www.aacn.nche.edu/elnec

December 3-5, 2001

Title: NHPCO Management & Leadership Conference

Location: Arlington, VA

Web: www.nhpco.org

Contact: Shelley Kestner, 703-837-1500

December 7-9, 2001

Title: Become an EPEC Trainer

Location: New York, NY

Web: www.epec.net

Contact: 877-524-EPEC, info@epec.net

January 10-12, 2002

Title: ELNEC: Baccalaureate and Associate Degree Nursing Faculty

Location: Pasadena, CA

Web: www.aacn.nche.edu/elnec

January 14-15, 2002

Title: Current Topics in Pain Management

Location: Scottsdale, AZ

Contact: Sarah Dorste, 480-301-4580

February 19-20, 2002

Title: ELNEC: Nursing Continuing Education Providers and Clinical Staff Development Educators

Location: Tampa, FL

Web: www.aacn.nche.edu/elnec

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