Addressing State Policy Barriers to Cancer Pain Management

Pain is one of the most common symptoms associated with cancer

Pain is part of daily life for many cancer patients, and is particularly common in those with advanced disease. Cancer survivors may experience pain that continues long after active cancer treatment concludes. Pain affects an estimated:

- 30% of patients newly diagnosed with cancer
- 30%-50% of patients undergoing treatment
- 70%-90% of patients with advanced disease

Physically underserved populations endure an even higher pain burden in all healthcare settings.

Fortunately, nearly all cancer pain can be relieved. Several effective medicines and non-drug therapies are available. Nevertheless, when patients see their doctor for cancer treatment or follow up, their pain is often neither discussed nor adequately treated. Uncontrolled pain can devastate quality of life for patients, survivors, and their loved ones. It can affect all aspects of daily functioning — sleep, work, and relationships. Pain also drives up costs, estimated at $100 billion annually in healthcare expenses, lost income, and lost productivity.

Policies can be barriers

State policies regulating professional practice, prescribing, and patient care vary widely and play a significant role in pain management practice. Most states have a combination of helpful policies that promote pain treatment and restrictive policies that deter adequate pain control by interfering with medical decision-making or even contradicting current medical opinion with outdated provisions. These unduly restrictive policies:

- Restrict the amounts that can be prescribed and dispensed or limit the length that a prescription is valid, regardless of patient need
- Confuse the use of prescription medicines to manage pain with drug addiction
- Create treatment disparities for patients with an addictive disease
- Require special government-issued prescription forms for certain medications, specify that certain prescribed medicines can only be a treatment of last resort, mandate consultation with a specialist, or require “drug holidays”

Physicians have frequently reported reluctance to prescribe strong medicines to manage their patients’ pain because they fear it will trigger investigation by licensing agencies or law enforcement.

Myths about Cancer Pain

**MYTH** Pain is something you just have to live with.

**FACT** Many people with cancer experience pain, and it can be relieved in most cases. Left untreated, pain can weaken the immune system and slow recovery. Open communication with healthcare professionals about pain is essential to relieve symptoms and improve quality of life.

**MYTH** Cancer patients are not “good patients” if they complain about pain.

**FACT** Regular pain assessment and management should be part of the routine care provided throughout the course of cancer treatment. Healthcare professionals should ask patients about pain at every visit and should be trained to properly assess pain in their patients and use the many available treatments that are safe and effective to relieve it.

**MYTH** People inevitably become addicted to strong pain medications.

**FACT** Opioid pain medications are generally recognized as a mainstay of treatment for moderate to severe cancer pain. Addiction is a common concern, but is actually very rare among pain patients. The vast majority of people are able to take the medicine as prescribed and never have any difficulty controlling its use.

Overcoming policy barriers to cancer pain management

The American Cancer Society Cancer Action Network is committed to advocating for more balanced policies and better pain management practices in every state.

A range of opportunities for action are available to ensure that pain medications are available to patients who need them while keeping those medications away from those who intend to misuse them. For example, states can:

- Partner with state healthcare regulatory boards (e.g., medical, nursing, pharmacy, osteopathy) to adopt and disseminate guidelines or policy statements encouraging pain management
- Remove or amend restrictive or ambiguous language in state statutes and regulations
- Ensure that policies establishing prescription monitoring programs avoid language that interferes with medical practice
- Use task forces, advisory councils, and summit meetings involving multi-disciplinary experts and stakeholders to examine state policy and plan a strategy for taking action

Pain management is an essential part of medical practice and patient quality of life. Policy and practice barriers should not stand in the way of effective pain control.