

SUICIDE AND LACK OF OPIOID CARE

The \$7 Million dollar court settlement for suicide following abrupt opioid withdrawal is most welcome and appropriate. We have highlighted it, as it is the first visible instance, and evidence, that the public and the country support humanitarian opioid care for the treatment of intractable pain.

OUR MAIN GOAL

We launched our Research and Education Project for the Intractable Pain Syndrome (IPS) about 15 months ago primarily because we are aware of the high prevalence of suicide and cardio-adrenal deaths in persons who have this tragic disorder and can't obtain adequate care.

Our goal is to bring awareness that IPS is not simple, chronic pain, or addiction, but a catastrophic illness which causes immense suffering and a shortened life span. We believe that all persons with IPS must have access to whatever medications, including opioids, benzodiazepines, and stimulants, that will control its constant pain and its cardiovascular, endocrine, and autoimmune complications.

OUR CONCERN

The attack on the medical treatment of chronic pain with opioids, benzodiazepines, and stimulants is underpinned by a large segment of the physician, nursing, psychology, psychiatry, and hospital industry who don't differentiate between IPS and simple, chronic pain and addiction.

This ignorance can hopefully be overcome if all concerned parties become aware that bonafide IPS is a fairly rare condition caused by inflammatory damage and destruction to the neurotransmitter systems in the brain and spinal cord. We call on all parties to understand and distinguish between persons who are addicts (now often called "Opioid Use Disorder"), simple chronic pain patients, and those with IPS.

PRACTICAL APPROACH

The push by big segments of the medical, pharmaceutical, and hospital industry to restrict opioids, benzodiazepines, and stimulants for IPS patients will only result in more deaths from suicide, cardio-adrenal failure, and unintended overdoses as desperate persons try any drugs within their reach. These elements of the medical and hospital industries have taken control of some state medical boards and state legislatures to a point that doctors in some communities have essentially been barred from prescribing the drugs that are required to treat IPS. Our Research and Education Project does not agree with drug restrictions for the treatment of IPS patients, but we will continue to recommend measures to help IPS patients cope with them.

Our Belief and Philosophy

1. No person should live or die in pain due to the withholding of medication.
2. No life should be shortened due to the lack of opioids and other critical medications.

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4931 W. Central, Wichita, KS, 67212 Phone: 626-716-2689 Fax: 316-260-4077

E-mail: tennantfoundation92@gmail.com www.arachnoiditishope.com www.intractablepainsyndrome.com

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