4 June 2019

The Honorable Representative Katherine Clark
The Honorable Representative Hal Rogers
United States Congress
Washington, DC USA

Dear Representatives Clark and Rogers:

On behalf of the International Association for the Study of Pain (IASP), we are writing regarding your report, *Corrupting Influence: Purdue & the WHO*.

As the leading scientific organization devoted to the study of pain worldwide, IASP shares your concern about appropriate opioid prescribing for pain. In fact, in February 2018, we issued a position statement on this topic: [www.iasp-pain.org/StatementOpioids](http://www.iasp-pain.org/StatementOpioids). However, we would like to correct serious errors in, and clarify some aspects of, your report regarding IASP.

First, the report states that IASP is the “global arm” of the American Pain Society (APS) (page 15). In fact, the APS is one of 96 national chapters of the IASP, an international organization based in Washington, D.C. All 96 chapters maintain legal separateness and function autonomously from each other and from IASP. Every organization maintains its own unique legal structure with separate boards of directors. Any actions or publications of the APS are the sole responsibility of that organization, with neither oversight nor involvement of IASP, and in no way reflect any coordination with the IASP in the development of positions or policies of the IASP. Given this, we request that IASP not be referred to as the “global arm” of APS (first sentence on page 15) and that Figure 2 (page 14) and the first figure in Table 1 (top of page 15) be revised to indicate that these two organizations function independently.

Second, we request that the first figure under Table 1 on page 15 be removed. The figure is overly simplistic and misleading. As stated above, IASP and APS are separate organizations. Although IASP has received funding from Purdue and the Mayday Fund (among many other organizations), the figure implies direct pathways from these organizations and individuals through IASP to the World Health Organization (WHO). This is not an accurate depiction of either how the IASP functions as a membership-based scientific organization or how the WHO interacts with its partner organizations. Again, IASP is an international scientific organization that communicates with partner organizations, such as the WHO, on an official basis on behalf of the organization and its overall membership.
Third, the first paragraph under Table 1 on page 15 inaccurately states that IASP promotes “opioid use, especially for chronic, noncancer pain.” The only citation provided for this statement (bit.ly/APSandIASP) that refers to IASP references the fact that the APS is a national chapter of IASP along with some additional information about IASP unrelated to our official policies. The reference says nothing about opioid use. To be clear and for the record, IASP does not “promote opioid use.” We promote research and efforts to translate scientific knowledge into delivery of evidence-based treatments for all kinds of pain problems. For an accurate citation outlining IASP’s position on opioids, please refer to our position statement. It says, “IASP strongly advocates for access to opioids for the humane treatment of severe short-lived pain, using reasonable precautions to avoid misuse, diversion, and other adverse outcomes.” It further emphasizes caution regarding the use of opioids, stating, “IASP recommends caution when prescribing opioids for chronic pain. There may be a role for medium-term, low-dose opioid therapy in carefully selected patients with chronic pain who can be managed in a monitored setting. However, with continuous longer-term use, tolerance, dependence, and other neuroadaptations compromise both efficacy and safety. Chronic pain treatment strategies that focus on improving the quality of life, especially those integrating behavioral and physical treatments, are preferred.”

Fourth, we request that the statement that IASP “gave input on the development…” (page 16) be corrected to: “Members of IASP gave input on the development of the WHO…” Given that IASP is the leading scientific society in the world focused on pain, it would be expected that many of the experts consulted by the WHO regarding the recommendations would be IASP members. IASP as an organization did not provide official, consensus input. We further note that it would also be expected that the WHO publications would cite articles published in PAIN, the leading pain scientific journal worldwide. All articles published in PAIN undergo a rigorous blind review by scientific peers, and articles are selected for publication without input or influence from the IASP governing board. To be clear, WHO activities and projects were managed directly by the WHO and their staff, with approvals and recommendations coming from the WHO. We also request that the statement on page 26 that “The Delphi Study Report was informed by a myriad of organizations associated with the opioid industry such as the IASP…” be corrected. The Delphi Study Report may have been developed in consultation with IASP members, but IASP did not provide any formal input.

We note that the IASP Council (our governing body) provided funding in 2008 ($50,000 over 5 years) in support of the WHO’s Access to Controlled Medicines Programme (ACMP); supporting such a worthy initiative financially is different from any attribution for its content. It is important to recognize the fact that in many countries worldwide, representing more than half of the world’s population, there is little or no access to opioids for the relief of severe acute pain such as that associated with major trauma or cancer or other diseases at the end of life. The ACMP was intended to “address the main causes for impaired access...essentially an imbalance between the prevention of abuse of controlled substances and their use for legitimate medical purposes.” (bit.ly/WHOACMP). The ACMP was supported by a number of other groups and organizations, the United Nations, the United Nation’s Economic and Social Council, the International Narcotics Control Board, and the governments of France, Japan, and the Netherlands.

Finally, we would like to emphasize our rigorous standards for the receipt of funding from any industry, including opioid manufacturers. We have strict procedures in place to ensure that funding from any source has no influence on IASP policy or the scientific content of our meetings and publications. Further, as accurately noted in your report, IASP provides disclosures www.iasp-pain.org/disclosures on our website regarding funding received from industry and other sources. Signed IASP conflict of interest and disclosure statements are posted on our website for each member of our Opioid Position Statement Task Force.
We respectfully request that you correct these inaccuracies in the report. We look forward to hearing from you about your plan to revise the report. We would be interested in arranging a meeting to discuss this further at your convenience.

Sincerely,

Lars Arendt-Nielsen, Prof. Dr. Med, PhD
President

Claudia Sommer, MD
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Enclosure: IASP Statement on Opioid