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It's a fact—pot hurts!



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Margaret M. Heckler, Secretary



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beginning knowledge of the human response to terminal illness, severe pain, and imminent death. We physicians really do accept the notion of a partnership on this issue with other health professionals for whom science and compassion are complementary and natural aspects of their service. And I think it will be appropriate and desirable soon to broaden the arc of inquiry to include the management of recurrent but less severe pain among patients who are ill but not terminal.

There are many times the number of patients who each year suffer pain and remain alive than the number who suffer pain and die. But medical practice is uneven in its handling of those patients as well. The most frequent criticism is that physicians tend to be reactive, stimulated by the overt signals of their patients. They also tend not to prepare their patients adequately for pain, for its emotional and psychological as well as physiological consequences. As a result, neither physician nor patient is able to anticipate the phenomenon of pain, to truly understand it and learn from it, and ultimately to raise the necessary protective mechanisms to avert it. Year by year we are doing better, but for many thousands of patients, I would say we are not doing enough.

The Department has a number of research projects in this field, but they may not be receiving the

attention that they deserve. Also, they may not be adequate, in terms of scope and support, relative to the significance of the issue. But research is not enough. We need to spend more time clarifying our strategy for getting the results of research out among the practitioners of medicine, those who are devoted to the art and science of patient care.

It is critical, therefore, to keep in mind the attitudes and needs of the practitioners of direct patient care. We must encourage them to give more time and attention to this issue of pain, to learn more about the therapeutic methods already available, and to use them for maximum effectiveness. I suspect that physicians can accomplish much more than they already do in alleviating pain, if they would only take better advantage of the materials and techniques now at hand. If they did, then we would be building our record of research and application on a much sturdier base.

Through a partnership of research and practice, we will surely gain additional insight into the phenomenon of severe chronic pain as it affects the terminally ill patient, and we will be able to prevent, control, or interrupt the phenomenon of severe, chronic, refractory, intractable pain.

Edward N. Brandt, Jr., MD, PhD
Assistant Secretary for Health

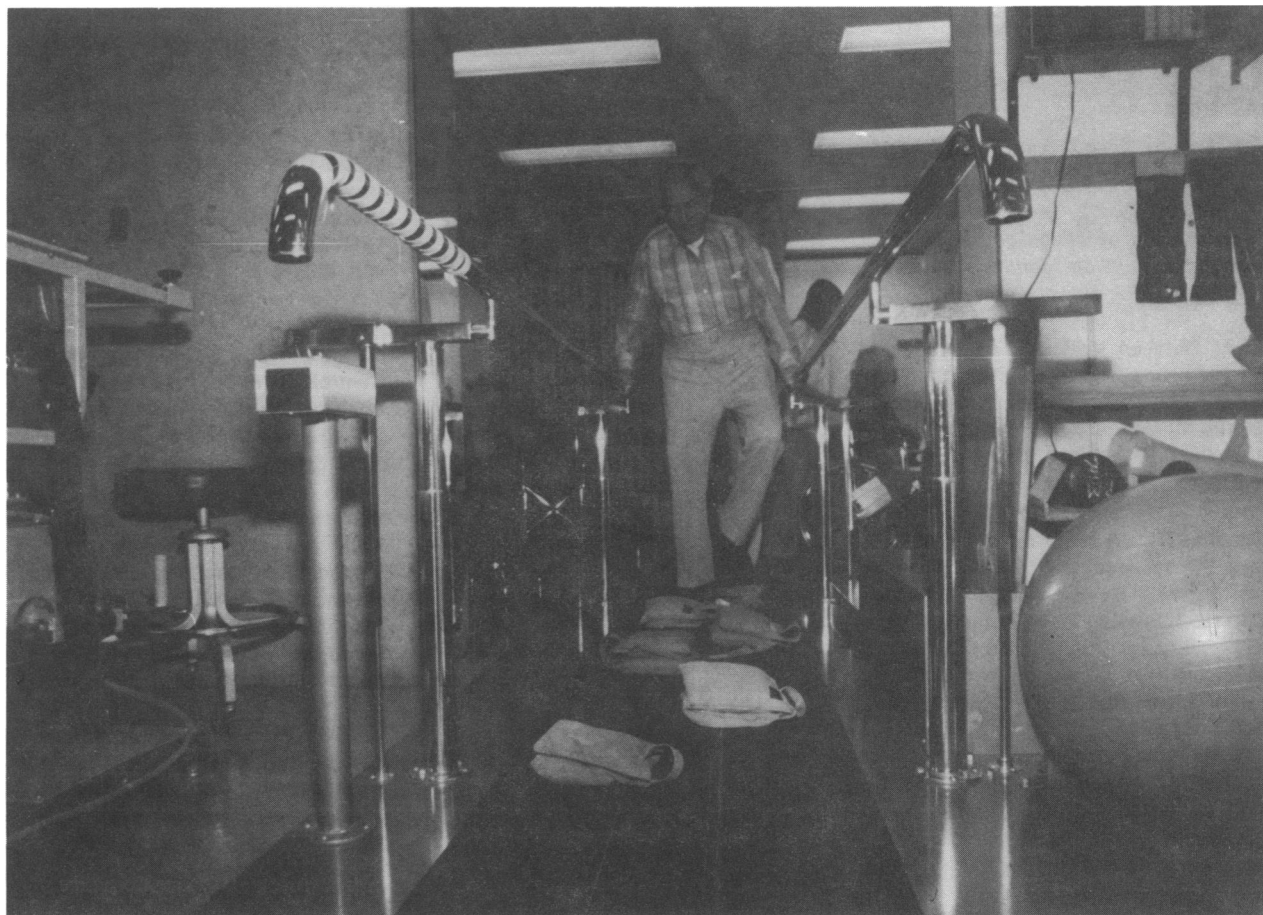


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Often, stroke patients must undergo extensive rehabilitation therapy to restore impaired functions

The participating data bank scientists agreed to split the two established stroke types—those caused by ruptured blood vessels, or hemorrhages in the brain, and those resulting from clogged blood vessels—into subtypes. The more refined classification has helped highlight significant differences between the subtypes.

Stroke Data Bank investigators will concentrate on identifying the significance of prestroke symptoms. Eventually they hope it may be pos-

sible to recognize these symptoms as warning signs and prevent the stroke from occurring, through either surgery or drugs.

"Relevant data from the pilot study have opened the door for research in intervention before the stroke occurs," said Selma C. Kunitz, project director for the NINCDS Stroke and Trauma Data Banks.

The pilot Stroke Data Bank and another data bank for head trauma were initiated and organized by the

NINCDS Office of Biometry and Field Studies and represent one of the first attempts to use "information age" technology to help fight neurological disorders. Over the next 5 years, many more cases will be added to the stockpile of stroke data.

—ELIZABETH PENNISI, National Institute of Neurological and Communicative Disorders and Stroke

EDUCATION NOTE

Course for Audiometric Technician Certification. The Rocky Mountain Center for Occupational and Environmental Health at the University of Utah is offering an Industrial Audiometric Technician Certification Course July 12–14, 1983, at the University of Utah, Salt Lake City. The course is

for safety professionals, occupational health nurses, physicians, physician assistants, health technicians, and other personnel involved in the performance and interpretation of industrial audiometric testing. Advanced registration is \$225; for affiliations sponsoring two or more, the cost is \$200.

For further information, contact RMCOEH, Katharine C. Blosch, Director, Continuing Education, University of Utah, Bldg. 512, Salt Lake City, Utah 84112, or telephone 801: 581-5710.

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FEDERAL

U.S. Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. Orders should be accompanied by check or money order and should be identified by title and GPO stock No.

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It's a Fact—POT HURTS!

The National Institute on Drug Abuse (NIDA) is launching a marijuana media campaign aimed at youngsters aged 11 to 13 and teenage drivers. Its theme is "It's a Fact—Pot Hurts." Scheduled to begin in May, the campaign seeks to discourage young people from experimenting with marijuana by making them aware of the drug's effects on their health.

Three television and three radio public service announcements (PSAs), each 30 seconds in length, will illustrate the negative impact of marijuana use. The PSAs re-enact frank discussions among 13- to 17-year-olds on how smoking marijuana affected their lives; they include accounts of impaired motivation, learn-

ing skills, and driving ability.

To reinforce the message of the PSAs, the agency will distribute printed materials with information on marijuana and other drugs of abuse and advice on peer pressure and "how to say no."

NIDA is promoting the campaign nationally through the Single State Agency in charge of each State's alcohol and drug abuse programs. National and local organizations are encouraged to broaden the campaign by contacting State agencies and offering to support the campaign in their local communities. Other agencies interested in conducting their own drug abuse media campaign for special groups should contact their Single State Agency.

Campaign publications for youngsters include "For Kids Only: What You Should Know About Marijuana," "Are You a Drug Quiz Whiz?" and "Peer Pressure: It's OK To Say No." Write to Marijuana, P.O. Box 2305, Rockville, Md. 20850.

For parents, the publications are "For Parents Only: What You Need to Know About Marijuana," "Parents: What You Can Do About Drug Abuse," and "Are You a Drug Quiz Whiz?" Write to Marijuana, P.O. Box 1909, Rockville, Md. 20850.

For additional information, contact Marijuana Campaign, National Institute on Drug Abuse, Rm. 10A-46, 5600 Fishers Lane, Rockville, Md. 20857. Telephone: 301-443-1124.

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