PANDORA Org Position on Prescribing Opioid Medications & Associated Government Policies and Regulations

On Aug. 21, 2014, the U.S. Drug Enforcement Agency (DEA) announced more prescription restrictions on some commonly used pain medications. This action is just one of many that the Obama administration has taken in recent years with the goal of reducing prescription drug addiction, abuse, and overdose.

PANDORA Org advocates on behalf of neuro-endocrine-immune patients and their families. Our mission is to advocate, educate, support, and foster research for myalgic encephalomyelitis, fibromyalgia and related diseases. Pain is one of the main physical symptoms afflicting the patients we represent.

We agree with the DEA goal, but we disagree with the strategy. For the 100 million Americans who responsibly and legally use these medications to relieve suffering, the new regulations add obstacles that unintentionally deny access to beneficial treatments for some patients. That's not effective public health policy and not good medicine.

Therefore, we urge the DEA to return to the former regulations on these medications and instead implement tactics that will work. We also urge the Obama administration and all federal agencies consider the harm that can be done to chronic pain patients when considering future actions.

The new regulations:

Effective Oct. 6, hydrocodone combination drugs, such as Vicodin, will be categorized as schedule II drugs under the Controlled Substances Act. All pain patients, including those with chronic pain, are no longer allowed to receive a prescription with five refills of hydrocodone that can cover 180 days. The new regulations restrict these medications to no more than 90 days with each prescription, requiring the chronic pain patients using one of these medications to return to the doctor for another prescription twice as often as before, once every three months.

Effective Aug. 18, tramadol has been moved from an uncontrolled medication, where it has been for 20 years, to a schedule IV category under the Controlled Substances Act. A new prescription must now be presented to a pharmacy from a healthcare provider and may not be phoned or faxed in.

Harmful effects:

While we understand the need for an honest discussion about abuse of narcotics and the concern about opioid abuse, most patients use these medications responsibly and lead productive lives because their pain is properly managed. Creating barriers through dosage and prescription limitations increases patient suffering and could increase pain-related suicides.

In addition, denying the safer opioids to chronic pain patients may increase the high-dose use of other medications, such as non-steroidal anti-inflammatory drugs or steroids. These medications also cause organ damage and deaths when overused.

A 90-day limit on opioid prescriptions is of most concern when a patient's options for pain relief are limited, possibly due to allergies, side effects, or because of complicating other conditions. Some patients must travel great distances to find a pain-control-educated physician willing to prescribe the medicine that relieves the patient's pain. This is especially true for those who currently live in rural communities. Some of these patients are homebound or are financially destitute, depending on others for transportation to physician visits. By trying to solve one problem, these regulations are increasing another one to already disadvantaged individuals.

These regulations may create desperate patients, possibly seeking street drugs to relieve their suffering. This is surely not the result the U.S government wants. And any policy that declares certain medications more effective for certain types of pain (cancer pain) over other types of pain (neuropathic, chronic pain) would be arbitrary and inappropriate, and therefore potentially harmful, until more research resolves that scientific debate.

The choice of treatment and dosage length is best left in the hands of the pain-control-educated physician and the patient with the goal of safely and responsibly increasing patient function and reducing suffering.

Solutions:

The best solutions to reducing opioid addiction and providing appropriate pain treatments are:

- More physician education on pain assessment and treatment, including safe and effective opioid prescribing and the difference between addiction and dependence.
- Analyzing patients for psychosocial, family history and other factors that contribute to a risk of abuse and monitor patients for aberrant behavior that may indicate abuse.
- Random urine drug screening and pill counts for patients a risk.
- More research into better and alternative treatments.
- More pain specialists, so patients have access.
- FDA guidelines that reduce "physician shopping" or "pharmacy shopping" for pain medication.

Until the nation has more pain specialists, the FDA can ensure access to adequate pain treatment and reduce abuse and overdose by requiring manufacturer education materials are provided to physicians. This education material should include the above recommendations for monitoring patients prescribed opioids.

Educating physicians about how to responsibly prescribe opioids instead of imposing arbitrary limitations will accomplish the goal expressed in the April 2011 White House comprehensive action plan on prescription drug abuse: "… any policy in this area must strike a balance between our desire to minimize abuse of prescription drugs and the need to ensure access for their legitimate use."

If you have any questions regarding this position statement, please contact us at info@pandoraorg.net or call 231-421-8350.

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