

June 11, 2012

Dear Senator:

On behalf of the patient and health professional groups listed below we would like to make you aware of our strong concern and opposition to the amendment that was included in the Food and Drug Administration Safety and Innovation Act (S. 3187) that would reclassify hydrocodone-containing combination products as Schedule II. As patient advocacy and health professional organizations, we are committed to combating illegal use of prescription drugs. However, it is also important to consider the unintentional consequences of policy changes that can cause serious difficulties for patients, and even result in harm and further suffering.

Medications containing hydrocodone in combination with other pain relievers are often prescribed for acute pain, but these products also play a key role in helping patients manage chronic cancer and non-cancer pain over time. Often, these medications are the ones that allow patients to complete their disease-directed treatments, sleep through the night, or continue to work and otherwise engage in and enjoy activities of daily life.

No evidence currently exists to show that reclassifying hydrocodone will curb misuse and abuse of pain medications. In contrast, there is evidence that rescheduling medications to higher classifications can reduce patient access to medications and cause harm. Prescriptions for Schedule II medications cannot be transmitted by telephone or fax, nor can they be refilled. The proposed policy change would require patients to see their doctor for office visits with greater frequency simply to refill a prescription, and may prove to be extremely costly to patients and our health care system. This increase in trips to the doctor's office would be problematic for patients suffering from moderate to severe pain, which often limits their mobility and requires that caregivers accompany them. This requirement also could impose a hardship for patients in rural areas who travel long distances for physician office visits.

We strongly support policy changes that strike the necessary balance to curb the misuse and abuse of pain medications in the US, while also preserving patient access to medications. Drug control policies should target the sources of drug diversion – forgery, pharmacy thefts, and improper prescribing. Further, the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH) reveals that 70% of people misusing prescription pain relievers obtain those medications from friends and family, highlighting the extreme importance of efforts to educate patients about medication security and the need for readily-available drug disposal programs.

Finally, properly designed prescription monitoring programs that allow health care professionals access to real-time data are important and useful tools to address diversion. We strongly support the provision in S. 3187 that encourages the Departments of Justice and Health and Human Services to work together to improve the utility of these vital programs, and support retaining that provision in the final bill.

We stand ready to work with policy makers, the health care community, and drug enforcement officials to develop and promote alternative policies that would address this important public health issue.

Sincerely,

The American Cancer Society Cancer Action Network (ACS CAN)
The American Academy of Pain Management
National Fibromyalgia and Chronic Pain Association
Hematology/Oncology Pharmacy Association
Oncology Nursing Society
American Society for Pain Management Nursing (ASPMN)
National Palliative Care Research Center
Center to Advance Palliative Care
Hospice and Palliative Nurses Association
National Community Pharmacists Association (NCPA)
Massachusetts Pain Initiative
American Academy of Hospice and Palliative Medicine
The American Association of Oral and Maxillofacial Surgeons
US Pain Foundation
Wisconsin Pain Initiative
Virginia Cancer Pain Initiative