

## **Pain, the DEA, and the Impact on Patients**

Dr. Heit provides an excellent summary of the events that constitute the history of the attempt to create balance—curbing diversion while simultaneously protecting access to pain medicines. It is, unfortunately, a sad story. Going from the optimism after producing and disseminating *Prescription Pain Medications: Frequently Asked Questions and Answers* (FAQ), to the disappointment of the abrupt withdrawal of the same document with subsequent “clarifications” that reflected a significant retreat from the goal of protecting access to pain medicines for people who need them, the story’s current ending has many, many victims—people affected by pain.

From the perspective of the pain patient, things have gotten worse. It is harder to get prescriptions for Schedule II pain medicines because prescribers are even more reluctant to prescribe. They are reluctant because they are not clear what is acceptable and what is not acceptable, and it is safer to avoid any opportunity for confusion. Also, things are worse because the long understood method of writing prescriptions had been changed by not allowing a prescriber to prepare multiple prescriptions on the same day with instructions to fill on different dates. Dr. Heit concludes that “the spirit of cooperation that existed between the DEA and the pain community to achieve the goal of balance has broken down.”

The rise of the abuse and diversion of prescription medicines has precipitated a loud demand from the President on down to stop the abuse of prescription medicines. This command, siloed as it is in the Department of Justice, is seriously flawed. It is flawed the same way that it is wrong to curb the rise of parking problems by banning

the use of cars on weekends. You are guaranteed to have fewer parking problems, but you will have prohibited access to cars to a great number of people who need and deserve the use of their cars. The correct command should read: stop the abuse and diversion of prescription medicines without harming access to these medicines for people affected by pain. That command is not directing the activities of the Drug Enforcement Administration (DEA). If it were they would not be arresting doctors at the rate occurring today around the country; they would not have withdrawn the FAQ; they would not agree to be in a veto position to newly approved Food and Drug Administration medicines; they would not have virtually withdrawn from the dialogue about achieving balance.

The failure here is in the DEA not abiding by its commitment to the pain community to pursue balance. It is also the failure of those in authority over the DEA to assert the more comprehensive command. This is not a simple law enforcement issue. The needs and rights of millions of pain patients are neglected in the abbreviated command. To those who authorize the DEA, surely if it was your mother, partner, or friends who could not get the medicine they need because of the practice of law enforcement, you would insist that law enforcement measures not trample the needs and rights of those requiring these medicines to live normal lives.

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