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Linda Porter, Ph.D.,
NINDS/NIH, 31 Center Drive
Room 8A31
Bethesda, MD 20892

May 20, 2015

Dear Dr. Porter,

On behalf of Fed Up!, a coalition of organizations from across the country seeking appropriate action from the federal government to bring the epidemic of opioid addiction to an end, I am pleased to offer you our comments on the proposed National Pain Strategy.

The draft National Pain Strategy contains language that suggests a gross misunderstanding of our opioid crisis and the interventions required to reduce harm to pain patients caused by opioid overprescribing. Listed below are quotes from the document which require significant revision:

“The reluctance of many clinicians to prescribe these medications, and patients’ concerns over stigmatization associated with opioids may jeopardize quality pain control in the population.”

This statement equates opioid prescribing with “quality pain control” and suggests that concerns about opioids are unjustified. According to an evidence-based review by the Agency for Healthcare Research and Quality (AHRQ), opioid use for chronic pain is a dangerous practice that lacks evidence of benefit. Reluctance by clinicians to prescribe opioids for chronic pain and patient concerns about taking opioids are reasonable.

“Only a small percentage of practitioners and patients account for the majority of opioid-related risk through abuse of prescribing privileges and inappropriate management of prescriptions.”

This statement is false and should be revised. Evidence suggests that opioid harms are not limited to a small percentage of patients. For example, studies cited in the AHRQ review indicate that more than 30% of pain patients may suffer from an opioid use disorder.

“They are considered medically appropriate and safe for acute and for intractable pain that is not adequately managed with other methods, when used as prescribed.”

This statement should be revised. The AHRQ review did not provide evidence that opioids are “safe” when “used as prescribed.”

“Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to minimize the harms from opioids.”

This statement should be removed from the draft because it implies that opioids are “safe and effective” for chronic pain patients and that harms are limited to non-medical users.

In addition to the statements listed above which should all be removed or revised, we are concerned about the proposed “Safe Use Campaign.” The campaign suggests that opioid harms can be reduced by teaching prescribers to monitor their patients more closely and by informing patients about the risks of opioid abuse. The implication is that a closely monitored patient who takes opioids exactly as prescribed will not become addicted. There is no evidence to support this position. Rather than a safe use campaign, prescribers and the public should be informed that opioid medications are highly addictive and that long-term use for common conditions may be neither safe nor effective.

Lastly, we are concerned about the influence that opioid manufacturers are having on the National Pain Strategy through their proxies. In particular, the involvement of Myra Christopher and PAINS is especially troubling. Purdue Pharma has supported Ms. Christopher’s salary at the Center for Practical Bioethics for many years and she has had a long-standing financial relationship with opioid makers for over a decade. Ms. Christopher is one of a few individuals mentioned by name in a Senate Finance Committee investigation of industry-funded organizations that have promoted aggressive opioid prescribing. Ms. Christopher, the Center for Practical Bioethics, PAINS, and other individuals and organizations with serious conflicts of interest should not be involved in the development and implementation of the National Pain Strategy.

Sincerely,

A handwritten signature in cursive script that reads "Judy Rummler". The signature is written in black ink and is positioned below the word "Sincerely,".

Judy Rummler