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Congress of the United States
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The Honorable Gil Kerlikowske
Director
Office of National Drug Control Policy
750 Seventeenth Street, NW
Washington, DC 20503

Dear Director Kerlikowske:

Thank you for the opportunity to provide input for the 2013 National Drug Control Strategy. We both share a personal passion and dedication in fighting the prescription drug abuse epidemic crippling our nation, and the leadership you have demonstrated on this issue is paramount.

As you know too well, the number of overdoses from prescription drug abuse continues to rise, and has now become a public health epidemic. More than 20,000 people a year die of prescription drug overdoses, and more than 15,500 of those deaths are directly related to prescription painkillers. Nearly one out of four high school seniors has used prescription painkillers, and the number of babies born addicted to opiates has tripled in the past decade. The American public cannot wait any longer for committed action from the Federal government, which is why I am pleased to provide the following recommendations for inclusion in the 2013 National Drug Control Strategy.

Improved Federal coordination of programs so that money is being spent effectively and efficiently

Many federal government agencies have dedicated time and resources to combat the prescription drug abuse epidemic, for instance, your Office of National Drug Control Policy; the Department of Health and Human Services through the National Institutes of Health, the Food and Drug Administration, the Substance Abuse and Mental Health Services Administration; the Department of Education; the Department of Justice through the Drug Enforcement Administration and the Bureau of Justice Assistance; among others.

However, there is a clear lack of monitoring and evaluation of the programs and initiatives in place. A report¹ found that several agencies engage in similar activities, directed toward the same audience. This report focuses on educational efforts, and suggests the federal government has missed opportunities to collaborate and often does not measure outcomes.

Continued evaluation by FDA of the safety and effectiveness of opioids for use in the treatment of chronic non-cancer pain

Specifically, I would encourage the strategy to include the following recommendations:

1. Strike the term "moderate" from the indication for non-cancer pain;

¹ GAO, Prescription Pain Reliever Abuse: Agencies Have Begun Coordinating Education Efforts, but Need to Assess Effectiveness. December 2011. <http://www.gao.gov/assets/590/587301.pdf>

2. Add a maximum daily dose, equivalent to 100 milligrams of morphine for non-cancer pain; and
3. Add a maximum duration of 90-days for continuous (daily) use for non-cancer pain.

Improved prescriber education

Some of the continuing medical education courses currently available for physicians on managing chronic pain contain inappropriate educational messages that could harm patients. Industry bias tends to exaggerate the benefits of opioid use while minimizing the risks associated with this class of drug. For this reason, a clear barrier between industry and the course-work/curriculum developed should be established --where an independent third party develops a national standard for evidence-based curriculum on treating and managing chronic non-cancer pain.

It is critically important to improve and expand prescriber education by getting doctors, dentists, nurse practitioners and other prescribers up to speed on the dangers of addiction and to make certain that powerful and seductive narcotic prescription drugs, such as Oxycontin and Methadone are used to treat severe pain only – not moderate pain like a tooth ache or sore knee.

Incentivize the development of tamper-resistant technologies and other non-addictive pain therapy treatment modalities

While the development of tamper-resistant drugs alone will not solve the prescription drug abuse epidemic, the mechanisms disrupting the relatively simple process of snorting and/or injecting these pills may help prevent overdoses and decrease the illegal use of prescription painkillers.

Reclassify hydrocodone combination products from schedule III to a more restrictive schedule II

These products have the same abuse potential and potency as drugs in schedule II. Hydrocodone combination products such as Vicodin and Lortab were responsible for more than 86,000 emergency department visits in 2009.² A petition was filed over a decade ago for Federal agencies to consider the reclassification of these drugs, and it is time that this occurs.

Better incorporate technologies to aid in the prevention of prescription drug abuse

Integrate prescription drug monitoring program (PDMP) data into electronic health records (EHR) so that physicians and pharmacists are more inclined to participate in the program.

Ensure the interoperability of PDMPs across state-lines and the real-time access of data.

Develop tools for law enforcement to quickly and easily identify drugged-drivers.

Coordinate a national public health campaign to increase awareness of the signs and symptoms of overdose and improve understanding of the steps that individuals can take to save the life of someone who is experiencing an overdose

Such a national campaign should target both individuals (including family members) and health professionals and include information regarding: signs, symptoms, and risk factors for overdose; how to deploy naloxone, rescue breathing, and emergency services, such as 9-1-1 and/or poison control

² SAMHSA's DAWN Report 2009.

<http://www.samhsa.gov/data/2k11/DAWN/2k9DAWNED/HTML/DAWN2k9ED.htm>

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centers, for someone experiencing an overdose; and how to help individuals make the linkage to treatment and recovery services.

This campaign should also enable best practices for overdose education, awareness, and prevention efforts by providing resources to support the provision of training, technical assistance, and toolkits for community programs and health professionals who wish to distribute naloxone.

Encourage the Department of Defense and the Veteran Affairs' Administration to implement a robust strategy to prevent, identify, treat, and monitor recovery from prescription drug abuse

While I am pleased to see that the Department of Defense and the Veterans' Affairs Administration have taken steps to offer mental health and substance abuse services, more must be done to guarantee that our service men and women receive appropriate care. The underlying reasons that cause addiction and dependence must be addressed, and a strategy to effectively monitor patients receiving multiple prescriptions at risk for abuse, such as antipsychotics, antidepressants, and controlled substances must be implemented.

In addition, the DoD and VA should require its' practitioners and pharmacists to participate in state PDMPs.

Develop sober high schools and sober colleges where students who have gone through treatment and rehabilitation have a place to go afterward that will help them continue on their path toward recovery

Unfortunately, schools have become a common place for prescription drug trafficking. Peer pressure oftentimes leads young adults to experiment with pills for the first time, and a school environment free of this peer pressure is essential in preventing kids from becoming addicted and also to assist those who have gone through treatment to continue in recovery.

Support the development and dissemination of information to pharmacists on non-conforming prescriptions

An easy to implement plan of educating pharmacists on non-conforming prescription-drug sales is an effective way to prevent the sale and distribution of illegitimate prescriptions. Working with the National Association of Boards of Pharmacy (NABP), every pharmacist throughout the country should receive this information.

Encourage the Food and Drug Administration (FDA) to place greater emphasis on addiction science as new drug applications, abbreviated new drug applications, and pediatric trials are considered

The addictive quality of drugs should play an increasingly important role in FDA decisions, and the literature approved by FDA for practitioner and patient use on painkillers should caution them that opioid analgesic use can lead to addiction, even when taken by prescribed.

Support better collection of data by coroners to more accurately reflect the number of overdoses caused by prescription drugs

The deaths caused by prescription drugs are oftentimes under-reported. When deaths are reported, it is difficult to know specifically which drugs were found in the body. To have more accurate numbers on deaths caused by specific drugs, not just prescription drugs or a class of prescription drugs, updated forms and reporting methods should be encouraged.

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Formulate a plan for longitudinal studies on babies born addicted to opiates and the effects of their addiction on behavioral and health issues later in life

As I mentioned previously, the number of babies born addicted to opiates has tripled in the past decade. These babies suffer through withdrawal symptoms and are fed morphine to calm them every three hours until they can be fully weaned off the drug. These babies begin withdrawal shortly after taking their first breath, and may remain in the hospital requiring care for months. The long-term effects on these babies are still unknown, which is why a longitudinal study should be conducted.

Encourage courts of family law to recognize prescription drug misuse and abuse as they do the use of illicit substances when making custody decisions

In my home state of California, I am hopeful that a law will be enacted this year to ensure that when a judge is deciding upon custody of children in family law cases, he consider the use of prescription drugs just as the current law requires the use of illicit substances to come under scrutiny.

All of these steps taken together will have an impact in preventing prescription drug abuse, but working in silos and implementing policies piecemeal without Federal government coordination will result in lost opportunities to save thousands of lives each year. I encourage you to consider each of these recommendations and incorporate them into the 2013 National Drug Control Strategy.

I look forward to continuing to work with you as we address prescription drug abuse running rampant throughout our country, and putting in place solutions to reverse the current trends.

Sincerely,

A handwritten signature in black ink, reading "Mary Bono Mack". The signature is written in a cursive style with a large, looping initial "M".

Mary Bono Mack
Member of Congress