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I was first prescribed Darvocet around 2006, to take when my ankle arthritis pain was too intense. I took it as directed, and it worked as designed. From there, I developed SI joint arthritis and spinal stenosis, in addition to still dealing with ankle arthritis (which is now classified as Stage 4 Arthritis). When Darvocet was discontinued, I was given hydrocodone/acetaminophen to take its place. Again, the directions were to take it when pain was intense. Again, I took it as prescribed, and I was just fine. The medication allowed me to work and do other activities that would otherwise have been painful or just not doable at all. Since 2016, I have had off and on access to hydrocodone, depending on the doctor. I've been with pain management facilities that seem to be worse at prescribing opioids than just asking your primary care doctor. It's been an up and down cycle with being able to get the medication, and I now have Psoriatic Arthritis, which adds to my daily pain. Not having access to opioids has definitely put me in a less active/more depressed category. I now miss more days at work because of pain and am less physically active because of pain. When I had access to hydrocodone, I was able to work better and work out 5 times per week. Now, I'm lucky if I get a mild workout in twice a week. I wish you all would recognize that opioids DO HELP chronic pain patients and that not all of us are abusers, so it SHOULD NOT be a one-size fits all approach. Additionally, the amount of illegal drugs crossing US borders has significantly increased since 2020, and that is what legislation should be aimed at because that is what is responsible for the current opioid crisis. The bottom line is that abusers and addicts ARE going to get it, no matter what, so you can put 1,000 laws into place. The only thing those laws are doing is punishing legitimate pain patients who sometimes need these medications to perform daily functions. I wish the powers that be would see and understand that.