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These guidelines have absolutely destroyed lives. Patients with legitimate pain conditions, ranging from botched surgeries, formerly approved, and since banned, by the FDA, autoimmune diseases, cancer, or injuries that simply never heal properly, cannot get treatment. Many millions of us used to be adequately treated but GP's can no longer prescribe because they either can't get a DEA license (which shouldn't be required since the doctors have the medical license, not the DEA), or the clinic they work for has banned narcotic prescriptions. Some doctors, who do have the ability to prescribe, won't because they fear for their lives, they fear going to prison if they treat their patients. The doctors who do prescribe, oftentimes have to fight with the pharmacy to actually fill the prescription. It is not the job of the pharmacist to decide if a patient needs medication. Their job is to check for contraindications and to fill medications, that's it. They are not doctors, and shouldn't have that control. The next issue is insurance companies. Most insurers refuse to approve an Rx of more than 3-7 days. I've had 7 surgeries, one that's left me in chronic pain, and at least half those surgeries required a minimum of 14 days of pain relief.

Now, let's talk about the mme limits. This shouldn't exist. Tolerance happens. Over time, the body adjusts to uptake less of the drug, requiring a higher dose for the same level of pain relief. One person may only require 5 mg of hydrocodone where another may require 500 mg. The 500 mg patient isn't at any higher risk of overdose than the 5 mg. This is all lies based on propaganda. Both are at risk of overdose if you stop their medication abruptly, forcing them to the street for relief, not knowing what they are going to get, or they are at risk of suicide. Hundreds, if not thousands, have taken their lives because they couldn't live with the pain they once had treated. Those of us who haven't gone to the streets, or taken our lives, are left without work, and often homebound, because it hurts too much to do anything, even simply cleaning house.

Last, but not least, let's talk about reclassifying the mme of drugs and the wording on the bottles. It used to be that hydrocodone was 0.5 mme, oxycodone was 1 mme and obviously morphine was one mme. Now, hydrocodone is 1 mme, oxycodone is 1.5 mme and morphine obviously remains 1 mme. This makes no sense. Hydrocodone used to be the go to because it was the weakest. When it became inefficient, the patient would be switched to oxycodone, followed by morphine if oxycodone failed. Now, supposedly oxycodone is stronger than morphine? It's not. Any pain patient will tell you this. It's simply not true. And studies that suggest that opiates don't help most pain, it's because they provide the lowest dose possible and don't increase to a level that is actually therapeutic. Opiates aren't a one size fits all treatment. A good study will first find the therapeutic dose of each patient prior to proceeding any further. Now for prescription instructions. The bottle used to say, "take 1-2 tablets, 4-6 times daily, as needed". Now there is no flexibility. "Take 1 tablet twice a day", period. Pain doesn't work that way. If pain is worse one day and you take a third pill, you are labeled with OUD. That's bogus. We know our bodies. Let us treat our pain the way we know it needs treating. We're not addicts. We're patients who deserve treatment for legitimate conditions.