

Author Full Name : Pamela Dion**Received Date :** 01/20/2025 11:30 PM**Comments Received :**

I support the attached comments made by Kathryn Burton

Personally, I have found so many of these statements to be true as I have had to move to several different states.. I have seen physician's seriously afraid to prescribe narcotics citing fear for their license. Attitudes completely changed to fear for their license compared to prior to 2016 when my doctors could look at my lifelong history and, in one doctor's words, see "if you were going to be an addict, you'd be an addict by now." They could see that I am intelligent, educated attorney and mother who does NOT want to get addicted to opioids. I am concerned about using too many NSAIDs for many reasons. Switching up meds - and making sure I don't take anything very often has been how I managed my pain for years. A half or one Vicodin I can return to full functioning unlike with anything else.

I recently moved to a new state with a reasonable doctor who has the pre 2016 approach of "if it works for you, I don't have a problem with it." I'm only talking about ten a month or less. However, in the last state I lived in- Ohio - it was IMPOSSIBLE to get a prescription due to that state's history with pill mills and the overkill response treating all doctors and patients as abusers. Other doctors made me feel like a criminal if I asked for Vicodin. I experienced this in other states too. Focus changed in 2016 from concerns for what is best for the patient to concern for doctors' own licenses -and only that. Most doctors just won't prescribe narcotics as a rule.

There were a handful of doctors who overprescribed in the past - and those were largely obvious pill mills. Other stories of addiction come from pain control after surgery when narcotic scripts kept being rewritten. People with chronic pain and similar conditions shouldn't have to suffer. Treatment for chronic pain conditions is different than post surgery. Most physicians will act responsibly. Reasonable prescribing guidelines should prevent pill mills. Reasonable guidelines should prevent scripts from being rewritten multiple times after surgeries, leading to reliance and addiction but they should be greater than 2 or 7 days post discharge and the doctor should still be given some discretion. . The quantity and strength being written should be a clue to abuse, as well. Requiring patients post surgery to have to physically return to a doctor's office for a 2nd prescription after two days is too much to ask for someone who JUST HAD SURGERY! The guidelines are a disproportionate response to abuse by a few. We used codeine in cough syrup for YEARS. Now I can't stop a cough because drug dealers accessed it. Just 1 example of how many have been affected by misplaced overreaching overreacting. Ultimately, you must also remember that physicians are medical professionals that should be allowed to use their professional judgment.

There must be a happy medium where SOME guidelines can be in place to prevent overprescribing indicative of abuse. However, prescribing guidelines that inherently serve to PRESUME abuse is wrong and harmful to so many patients and even creates significant anxiety to so many patients when we worry about using up their limited quantity and will they be able to get more and from whom with so VERY FEW doctors even willing to write a prescription to anyone. Let drs use their judgment and put concern for the patient over fear for their licenses.