

9308 Pilar Court  
Columbia, Maryland 21045  
May 24, 2001

Center for Drug Evaluation  
And Research  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD.

Dear Ms. Topper,

I would like to register for your upcoming, Anesthetic and Life Support Drug Advisory Committee meeting on June 14 and 15, 2001 at the Holiday Inn in Gaithersburg, Maryland.

I am also submitting for your consideration as an oral or written presentation, a letter that I have submitted to several of the news media programs (i.e. Dateline NBC, CBS's 60 Minutes, ABC's 20/20 etc.). At present, I have received no replies from any of the local or national media, which really doesn't surprise me. Since beginning my "campaign" to bring attention to the other faces of "drug users" as opposed to "drug abusers", I am beginning to realize that our stories are not "sensational" enough to be news worthy. Those of us who rely on pain medications to try to function as wives, husbands, moms, dads, etc. with some level of dignity and with some semblance of normalcy to our lives just aren't front page news. We take our Oxycontin or Vicoden as prescribed by our physicians or surgeons; we don't wash our medications down with booze; we don't die from overdoses...we just aren't the lead-in stories for the 6:00 news. But hopefully, with your help, our faces will be seen and our voices will be heard.

Thank you for your kind consideration. I look forward to attending this advisory committee meeting in June.

Regards,



Beth A. Bunce

E-mail: ladylinc79@starpower.net

5/24/01

Ms. Topper,

Letter for consideration  
for presentation at advisory  
committee meeting 6/14, 15/01.

Thank you,  
Beth Bunce

(410) 997-8511  
home phone

I am writing to you in the hope that you will, at some point in the near future, air a segment on one of your programs about the other side of the Oxycontin ("designer drugs") controversy. I am a 46 y/o wife (18 years) and mother (16 y/o son). I do not drink alcohol and I am not a drug abuser. I do however take several legitimately prescribed medications (some of them are schedule 3 narcotics) on a daily basis for chronic, intractable pain from multiple (5) spinal surgeries.

My most recent (6/2000) surgical procedure was to correct a condition know as Flat-back Syndrome, secondary to a spinal fusion with Harrington rod instrumentation for idiopathic scoliosis, performed when I was just 16 years old. The decision to have a spinal procedure of this magnitude (posterior revision procedure performed by Dr. Sanjog Mathur of Potomac Valley Orthopedics in Maryland) came after six long, frustrating years of daily, debilitating back and leg pain. I tried many other venues of pain management for this condition, acupuncture, T.E.N.S. units, painful intra-dural spinal injections, etc. in an attempt to avoid having this major anterior/posterior revision surgery.

This very dangerous and lengthy (9 hours) surgery involved removing the instrumentation (Harrington rod, used in my original spinal fusion in 1970); performing multiple osteotomies through my original bone fusion to allow the surgeon to re-align the spine; correction of the flat-back deformity using 9 pedicle screws, 2 rods and 4 hooks; and finally, implanting bone for eventual fusion (I am now permanently fused from T10 to my sacrum). The surgery was not without complications. I received 8 blood transfusions and, while attempting to remove my original hardware, the dura of my spinal cord was torn and required an emergency neurological repair.

Prior to the posterior revision surgery, I underwent a laproscopic anterior spinal fusion (L4 to sacrum in September 1998; also by Dr. Mathur) in an, ultimately futile, attempt to halt my rapidly increasing deformity and pain due to nerve impingement and severe spinal cord stenosis. I took a chance (and lost!) on the, somewhat less invasive, laproscopic anterior procedure before I committed myself and my family to the much larger and more dangerous posterior revision procedure. Had I a crystal ball in 1998 and had the posterior revision surgery that my surgeon thought was the best move, I would have spared us all two years of agony.

I am explaining these surgical procedures in detail not because I think you are ignorant nor to gain your sympathy. Being pitied is one thing I can not and will not tolerate from anyone. Rather, to give you some insight as to why folks like myself become so angry and frustrated when news reports about Oxycontin and other "designer drugs" are aired.

During the 6 years after being diagnosed with Flat-back Syndrome, I was not the only one whose life was affected by the, eventually disabling pain. My husband and son suffered as well. I lost my job (Histotechnologist/autopsy technician for 27 years) at the VA Medical Center (Erie, Pa.) because of chronic absenteeism due to the pain and increasing deformity that, immediately prior to the June 2000 had mal-aligned my spine to the point where my head was 2 1/2 further forward (anterior) than my sacrum. My loss of income was a major financial loss to our family. I became so desperately depressed from my increasingly debilitating condition that my husband and son feared I'd resort to suicide rather than burden them with my disability. And believe me when I tell you, suicidal tendencies are quite common among chronic pain sufferers! When you are in so much pain on a daily basis that getting out of bed in the morning seems like a monumental feat (never mind routine household tasks such i.e. laundry, cooking grocery shopping!) that suicide seems like a reprieve for not only the pain sufferer, but for h/her family as well. Feeling like you are "a burden" on family and friends and waking up each morning knowing that all you have to look forward to is a day of more pain, often becomes too much to bear. I applied for and was refused Social Security Disability benefits because of my, to quote them "extensive education and medical background, and still have the use of my hands", Therefore, using the criteria that the Social Security Administration uses in these types of cases, I am "employable". We have been forced to hire a disability attorney to handle my current attempt to get benefits. The Social Security element of my story is also common in many other chronic pain sufferers. That would give you material for a week's worth of news reports!

I was prescribed Oxycontin after my June 2000 surgery. I took it, AS PRESCRIBED by my surgeon for 6 weeks. After that I was switched to Vicoden ES, another of the so-called "designer drugs". Now, 9 months post-op, I continue to take several prescribed medications (Ultram, Flexaryl, Neurontin, Vicoprophen, Elavil, Vioxx) to help control the pain that, even after all these surgical procedures, I will have to learn to live with for the rest of my life. I have permanent nerve damage that affects my legs and there are currently no further procedures that can eliminate all of my pain. That is, unless I resort to having a permanent implant placed in my spinal cord to control pain and even that can not be done until I am one year post-op my revision scoliosis procedure.

When the general public sees the news reports that labels Schedule 3 narcotic pain medications i.e. Oxycontin and Vicoden, as "the new designer drugs", they begin to view even legitimate users of these prescribed medications as "drug addicts"! My 76 y/o mother called me after seeing one of the news reports about prescription drug addiction and abuse. She asked, "Honey, are you taking one of those drugs that's killing people?" My Mom has suffered right along with me since I was first diagnosed with idiopathic scoliosis in 1969 and continues to suffer the guilt that many parents of children who require treatment for scoliosis, be it bracing or surgery. She doesn't need to worry that her daughter is going to become an addict or, worse yet, DIE from taking a medication that was prescribed to her!

Why can't you elaborate more on the REAL REASON that people are dying from Oxycontin and Vicoden overdoses? Why don't you investigate these "deaths from prescription medications" a little further and tell the general population who watch your shows and believe every word that comes out of your mouths, the WHOLE TRUTH behind these deaths? For example: "What was the blood alcohol level of the deceased?" or "What amount above and beyond the prescribed dosage was ingested?" .Or a more likely scenario, "Was the 'potentially lethal' narcotic even prescribed for the deceased abuser and what other 'legal or otherwise' substances were ingested along with the Oxycontin, Vicoden, etc.?"

Please stop giving people the impression that all Oxycontin (and other prescribed narcotic-based medications) users are abusers. Why don't you air a report that focuses on legitimate chronic pain sufferers who rely on prescribed pain medications to function with a modicum of normalcy on a daily basis? There are hundreds of thousands of us out here who take these medications as prescribed by legitimate physicians! We often rely on the, often minimal, relief from our pain to function as wives, husbands, mothers, fathers, reliable employees, etc. We are not your stereotypical drug addicts that are sensationalized on news reports! We don't buy our drugs on the street corner! We have families and friends whom we care for and who care and worry about us! When our families and friends hear the horrible "designer drugs" stories on television and see the frightening morbidity stats that you emphasize so graphically, they become even more concerned about our health.

I urge you...no rather...I emlore you to please do a news report that focuses on the other faces of prescription drugs...the faces and stories of folks, like myself...people who live with chronic, intractable pain on a daily basis, caused from a myriad of health issues i.e. cancer, orthopedic and neurological conditions, etc. If you continue to bombard the airwaves with stories of addicts abusing the prescription meds that many of us depend on to function, you many ultimately be contributing to the illegal sale of these "designer drugs"! As more and more legitimate physicians refuse to write prescription for some of these medications, chronic pain sufferers may be forced to buy on the streets just like the drug addicts and junkies that you are so fond of focusing your reports on!

We are not all "designer drug" abusers! We are not insecure, drug dependent, Hollywood types whose multiple trips to the "designer rehab centers" are worthy of being the lead story on the 6 o'clock news! We are wives, husbands, moms, dads, and grandparents, sons and daughters who suffer from chronic, debilitating, pain. Please...tell our side of this prescription medication controversy!

Thank you for taking the time to consider my letter.