



*Carolina Arthritis, Asthma, Allergy and Rheumatology Evaluation and Treatment Center, P.A.*

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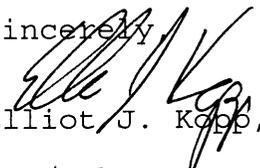
Ms. Kimberly Topper  
Center for Drug Evaluation and Research (HFD-21)  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Ms. Topper:

I completed my rheumatology fellowship in 1978. I have been practicing rheumatology in the community in Raleigh, North Carolina since 1982. Though we endeavor to avoid narcotic analgesics whenever possible, we see several patients each week who clearly merit these medications. Physical therapy, Acetaminophen and other over the counter pain relievers, prescription Arthritis medicines, and muscle relaxants, are all too often inadequate. When a patient's pain significantly interferes with sleep, work or play on a consistent basis, and simple measures do not suffice, their access to narcotic analgesia should not be limited. Certainly abuse is an important consideration but the quality of one's life is a major, if not paramount, concern.

Though this may be idle gossip, I gather that the FDA is considering a proposal where by only oncologists and "chronic pain physicians" will be allowed to prescribe any scheduled drug. This would create a genuine hardship, not just for my patients, but for millions of patients who are being appropriately treated by their family doctors, internists, and rheumatologists for a number of years. Under this proposal they would be forced to increase their cost of medical care and access to a boarded chronic pain physician is limited throughout the country. I vehemently oppose any restriction on my prescribing habits. It is inappropriate, unnecessary, costly and does a great disservice to our patients. These are not the abusers. Thank you for your consideration.

Sincerely,



Elliot J. Kopp, M.D.

EJK/ccb