KIMBERLY TOPPER 7-31-01

F.D.A., CDER,
ADVISORS & CONSULTANTS STAFF, HFD-21
5600 FISHERS LANE
ROCKVILLE, MD 20857

RE: DOCKET # OIN-0256

DEAR KIMBERLY TOPPER:

I am a Registered Pharmacist, licensed in New York and Florida. In January 2000 I was treated by my surgeon for 10 months with long and short acting narcotic analgesics for a L5-S1 fusion, laminectomy, graft, with spondylolisthesis. In April 2001, I had a partial discectomy of T8-T9 and thoracotomy and am receiving the same medications now.

I feel that my recovery time to M.M.I. was drastically shortened for the first surgery, and my pain levels for both surgerys was reduced, (once titration of the long-acting medication was complete) and that I could participate in physical & occupational therapy sooner and recover faster.

Ending therapy with these medications the first time was difficult, but I formulated a detoxification regimen, and within six weeks was only taking Ibuprofen.

In my opinion, it would be more harmful, both physically (over

and mentally, for the population of chronically severe pain patients not to have access to the long-acting narcotic analgesics than to suffer the risk of addiction, which can easily be treated. Abuse potential and diversion of these medications will always be a problem due to the fact that if these medications were not as easily available, other prescription drugs would be targeted.

If you have any questions, feel free to contact me at:

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Sincerely,