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As a physician practicing since 1968, I feel that I have significant experience in the field of the treatment of pain from the standpoint of primary care. I clearly recall my early training when I was told that opiates should not be used even in cancer patients who were dying for fear of addiction. Opiates were only to be used during the last day or two. In recent years this incredible attitude has changed, and now these unfortunate patients can receive relief of pain.

During the 1990's, patients with severe non-malignant pain began to receive better relief of that pain. There were significant problems with short-acting opiates; peak and valley blood levels, narcotic 'highs', and obvious abuse. With the increasing use of long-acting opiates, patients could have more consistent pain relief, and the stable blood levels achieved eliminated the 'highs'. The incidence of abuse with long-acting opiates is vastly less than with short-acting opiates. My patients with chronic, non-malignant pain have benefited enormously, with better quality of life and without the problems associated with short-acting medications.

One of the best of the new medications is Oxycontin. It is effective and safe. Recently, some misguided individuals figured out how to get around the safeguards built into the product, and some of those have paid the ultimate price for their stupidity. I am outraged that their activities threaten the very existence of such a useful medication. There is nothing wrong with Oxycontin. A determined person can find a way to undo any safeguards on any product and thereby harm themselves. I think back to the two safety triggers on a punch press that must both be pressed to activate the press. I treated a patient who lost his right hand after he figured out that he could use his right knee to press one trigger so that he could move the parts into and out of the press with his right hand a bit faster.

Sincerely,

Stephen J. Halpern, M.D.