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Food and Drug Administration, CDER,  
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5600 Fishers Lane,  
Rockville Maryland 20857

Aug. 9<sup>th</sup>, 2001

Dear FDA Panel,

My name is Dennis Houghton. I am a 33 year old former UPS Driver. My first injury was in 1989. I tore 90% of the ACL in my Rt. Knee. I had 3 more operations to diagnose and repair the damage. I was an active highly competitive soccer player for years and my knees have sustained significant damage and pain from this. I have osteoarthritis in my knees, lumbar spine, cervical spine, and hands. I was a goalie frequently diving and twisting on the field. I also played basketball, street hockey, and football whenever I could. I was extremely hard on my body but I also kept in good shape until 1994.

I went to work for UPS in 1988. This is one of the most physically demanding jobs around. I was required to unload 1200 packages per hour for over 4 hours when I was first hired. That's 20 packages per minute constantly with no breaks. A year later I was fortunate enough to land a driving job. I was now required to deliver 20 packages to 20 different houses constantly for usually 9-10 hours a day. At X-MAS time you could count on 60-70 hour workweeks for up to 2 months. I suffered a moderate sprain/strain of my lower back in 1992. I was out of work for 3 weeks.

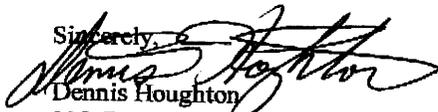
In 1994 everything changed. While trying to open the back door of an UPS truck that was already written up as defective and never fixed properly, I felt a sharp pain in my lower back that buckled my knees. After a year of conservative therapy with no relief and no definitive diagnosis, I had a discogram done showed internal disc disruption at L5-S1. There was also some damage at L4-L5. The decision was made to proceed with posterior fusion with instrumentation at L5-S1. That was done on March 16, 1995 followed with a 4-day stay in the hospital, 2 weeks of strict bedrest, and physical therapy to this day with no relief and a gradual deterioration of my condition to the point where it's difficult to walk, sleep, and eat. This is also compounded by an inability to sit, stand, and walk for more than 15-20 minutes.

In 1995 still relatively early in my recuperation, I was on my way to see an Orthopedic Surgeon in Md. While completely stopped at a red light I was rear-ended ultimately causing 5 out of 7 cervical discs to herniate with C7-T1 being the worst. I had cervical surgery in 1997 with a reduction of arm pain and weakness but no effect on the severe chronic pain at the base of my neck. One Dr. thought that there was a compression fracture but was reluctant to divulge this with ongoing litigation. Needless to say this really complicated my chronic pain problem.

To date I have taken a myriad of medications with little effect until I started taking Oxycontin in 1996. This medication gave me some resemblance of a normalcy whatever that may be. I am still unable to work in any capacity with the pain increasing lately to nightmarish proportions. I know that the Oxycontin or opioids in general are better for me in the long run. It is a given fact that I will have to be on some form of medication for the rest of my life. I feel opioids are effective when taken as directed and as little as 1% of the population with chronic pain will ever become addicted. I strongly feel that the media has blown this story way out of context and has even reported erroneous facts. Many of the numbers of deaths reported due strictly to Oxycontin are plainly false. Of the 27 deaths reported over 12 months in a single state, 23 victims had a head-spinning multiplicity of other drugs in their systems, including Dilaudid, Fentanyl, Cocaine, and Heroin. Only 2 of the 27 have been shown to be caused by oxycodone alone. That's 2 out of all the deaths reported in Kentucky. I am referring to the article "Oxycon Job" by Sandeep Kaushik of the Cleveland Free Times. The majority of illegal activity associated with this drug is due to the smuggling from Mexico into the U.S. not from patient diversion and abuse. I have enclosed this article for your review also as not to take up more time here in the letter. I am in favor of stricter control not stricter regulation because that will make DR's think twice before prescribing to legitimate pain patients. We should not be made to do without or suffer any longer because of the actions of criminals whose only purpose is to make

money off of other people's misfortune. This medication was well received in the Pain Community in 1996 when it first arrived on the market. The increase in prescription numbers can be attributed to more and more doctors having excellent results in treating chronic intractable pain. I strongly urge you to not consider taking this medication off the market but to really try other measures first such as stricter controls and overview with the pharmacies.

Sincerely,



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