① 8/14/01

Dear Committee Members,

Thank you for allowing me to address this committee. You have a Gargantuan task ahead of you, one which requires the Wisdom of Solomon to help you make your recommendations. You have to divide the opiate child down the middle, giving one side the ability to obtain legitimate pain relief, while the other side must be prosecuted for diversion of opiates.

I am a victim of RSD, Reflex Sympathetic Dystrophy or Complex Regional Pain Syndrome. It began immediately after abdominal surgery on June 18, 1993. When I awoke from surgery I had a burning tearing pain in my shoulder which rapidly progressed down my right arm to my fingers. The pain, we late found out, was due to a crush injury to my nerves between the neck and the shoulder, the brachial plexus. Since that day, I have not been without pain for over 8 years. It took over 2 months for a diagnosis to be made, and shortly after that the pain spread to my ® foot, ⓛ leg, left shoulder, affected my bladder, bowels and vision.

This is non-malignant pain, it is not going to kill me, but there were many times I wish I were dead. In addition to medication, I have to have psychological counseling for pain management. This helps to teach us how to smile when the pain is unbearable, and people comment on how well you look because you're finally out of the house.

I attend physical therapy sessions in a pool heated to over 85°. 2-3 times a week. We pay for acupuncture at $75 a visit once a week to keep the pain under control, and finally,

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Some of you received incorrect information about contacting me to arrange for TV, web or tape coverage. There are 3 private companies that provide this service and you must contact them directly at:

Video on Location
Jim or Alex
(301) 984-5823

Video Vision
Simone
(301) 438-8724

FDC Reports (Pink Sheet)
Brad
(301) 664-7211

Hotel reservations must be made on your own. There are 6 major hotel chains in the Rockville/Gaithersburg Maryland area.

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when the pain is unbearable again, I submit to a nerve block, which means having a needle ~~either~~ containing anesthetic either placed in my neck or at my lower spine. These modalities are all used in an effort to control pain in spite of or along with medication

I was on the following opiates during the past 8 years: morphine, demerol, Dilaudid, Duragesic patches or Fentanyl. At no time during these hellish 8 yrs. did I experience any euphoria from taking opiates. In fact I went through withdrawal at home with the assistance of my doctors about 20-30 times. I never took codeine because I am sensitive to it, with the side effect being anaphylaxis with inability to breathe.

As you know, opiates can causes urinary retention, severe contipation, wheezing, ~~and~~ ~~[illegible]~~. loss of cognitive [illegible]

fluid retention and edema. These are not pleasurable drugs for pain patients to live with. Yet they allow us to at least coexist and live, although we do not live well.

There are millions of others like me in this country. Some have access to pain management specialists, but many do not because of finances or restrictions imposed by managed care health plans. These patients must depend on knowledgeable and compassionate primary care physicians.

It is incumbent upon you to allow these primary care physicians to use a drug they have become comfortable with over the past 6 years for the sake of millions of pain patients. Prescriptions are written for 30 day supplies only and the long-acting opiates allow many patients to function, work, instead of remaining housebound because of pain. Primary care physicians do not feel comfortable prescribing opiates stronger than codeine for nonmalignant conditions. If you take away the sustained release form of this drug, you will condemn millions of innocent American to a horrible life, and may even facilitate the ending of their lives. Please do not take away a class of drugs needed by innocent pain sufferers in order to decrease diversion by others.

Thank you,