

A Pain in the HHS A really bad policy on restricting narcotics.

By ACSH Staff — October 25, 2013



[1]It is rare when a bad government policy doesn't come back to bite you.

And you better hope that the next time you get bit, it's not too painful, because thanks to the FDA and the Drug Enforcement Administration (DEA) many people are going to have to live with that pain.

In a thoroughly [misguided effort](#) [2] to address the issue of narcotic abuse, the FDA has come up with a plan that will certainly harm people who are genuinely in need of pain relief. And, ironically, it may even make the drug abuse problem worse rather than better.

The new regulations will bump up hydrocodone (Vicodin) from a Schedule III drug to Schedule II the most restrictive category for any approved drug. This means that, among other things, doctors will no longer be able to phone a pharmacy to prescribe even a small emergency supply of the only effective oral medicine for moderate-to-severe pain. The patient will have to physically obtain the prescription, and bring it to the drug store. Which will not be especially wonderful when it's 3 A.M., the Vicodin prescribed after your oral surgery has run out and your only choice will be a night of extreme suffering or a trip to the emergency room.

ACSH's Dr. Josh Bloom, who has [written on this subject](#) [3] before, has quite a bit more to say: There will be a number of short-and long-term consequences from this policy change all bad. 1) The impact on people suffering from serious pain will be a disaster, especially for cancer patients who, if undertreated will suffer enormously; 2) This effectively turns all doctors into potential suspects as drug mills, so they will certainly be more reluctant to write legitimate prescriptions for narcotics for fear of getting on a list (and you better believe there will be one); 3) Drug abusers will get their fixes one way or another. If they cannot get Vicodin they will find something worse.

In fact, this has already happened. OxyContin, a high-dose time-release version of oxycodone (e.g. Percocet) became a very popular abused drug, since it contains 8-16 times the amount of oxycodone as found in one Percocet. Addicts found out that they could get around the time-release properties by simply grinding up the pill. So, in a perfect example of unintended

consequences, when Purdue Pharma, the makers of OxyContin finally came up with an essentially foolproof method of preventing this, abuse of this drug dropped sharply. And oxycodone addicts turned *en masse* to [heroin instead](#) [4].

Dr. Bloom continues, Well, that didn't work out all that well, did it?

Bad laws always have consequences. In this case, the remedy will be far worse than the problem.

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[2] <http://www.medpagetoday.com/PublicHealthPolicy/PublicHealth/42473>

[3] <http://www.medicalprogressstoday.com/2013/01/when-medicine-and-law-enforcement-mix,-patients-lose.php>

[4] <http://news.wustl.edu/news/Pages/24025.aspx>