It is no secret that narcotic abuse mostly oxycodone and hydrocodone (the ingredients in Percocet and Vicodin, respectively) is a serious and growing problem in the US. So, leave it to our government the DEA in particular to screw it up more. Except, this time, their actions are certainly going to hurt patients with legitimate needs, and probably do little or nothing to combat the abuse problems. It may even make the problem worse. ACSH s Dr. Bloom, whose 2013 New York Post op-ed [1] entitled New Painful Casualties of the Drug War," which discussed this very topic explains: Until today, there was a difference in the DEA scheduling (restrictions) between hydrocodone and oxycodone. Hydrocodone was a Schedule III drug, meaning that doctors could write prescription with refills, and also call a pharmacy, making it possible for patients to get the painkiller without a physical prescription. Oxycodone was Schedule II much more restrictive. This made sense, since it is about twice as potent as hydrocodone. As of today, all of this has changed. The DEA has moved hydrocodone up to Schedule II. What happens next is rather predictable. This action means that doctors will not be able to call pharmacies for Vicodin even for a small emergency supply of the drug for patients in need. The patient will have to actually visit the doctor to physically pick up the prescription, and bring it to the pharmacy, which isn t going to work out all that well at 9:00 PM on Christmas eve. There are a number of conditions that can cause unanticipated, severe pain, including dental problems, shingles, and severe back spasms. In the absence of a few pills to get you through the weekend, this will mean a trip to the emergency room, where you may wait six hours to be seen, or days of pointless suffering. And it probably won t make much (if any) difference in combating narcotic abuse, says Dr. Bloom. This experiment has been run before. Purdue Pharma, the makers of Oxycontin a time release formula of oxycodone tried for years to come up with an abuse-proof formulation for their product, which contains eight times the amount of oxycodone that is found in Percocet. Addicts found that they could grind up the pill and smoke or swallow a very high dose of the drug. After several years, and some clever research, they finally found a solution a formulation that turned the pill into a gummy mess when addicts tried to grind it, making it essentially useless. Dr. Bloom asks, How well did that work out? According to a study [2] in the New England Journal of Medicine, not very well. Yes,
Oxycontin abuse dropped like a rock, while at the same time heroin use doubled during a two year period. The Oxycontin addicts turned into heroin addicts. Brilliant. By almost any measure, the war on drugs has been an abysmal failure. This latest move could very well make the situation worse, while at the same time hurting patients with legitimate needs. Our government at its finest. Dr. Bloom concludes, No- you do not punish patients for purposes of law enforcement. It is cruel and unnecessary. And addicts will always find some way to get their fix. Only the innocent and those in legitimate need will pay the price for this stupid move.