

United States Conference of Catholic Bishops
Attention Office of Government Relations
3211 4th St NE,
Washington, DC 20017

July 30, 2023

Dear USCCB Bishops,

The issue that I am writing about is the opioid crisis in the United States. We have a potential path to reducing opioid use by $\frac{1}{2}$ (yes, I do mean 50%), if we can convince the government to do what I consider is the morally correct action and “*close the loophole*”. I was referred to the USCCB office by Bishop Paprocki, my local bishop.

As an experienced primary care physician, I am a first-hand witness to the opioid crisis consequences. Our young people are introduced to drugs at an alarming rate. This happens casually with the extra pills that are in the family medicine cabinet. As few as a couple days of exposure starts our youngsters on a lifetime of habituation. A terrifying statistic is that 50% of teenagers have misused a drug at least once. Families that stockpile pills do this as a potential budget helper to reduce physician office visits.

Since 1999, more than 500,000 people have died from a drug overdose. The statistics are worse every year. In 2021, more than 100,000 people died of a drug overdose. Half of the opioid addictions and their associated deaths are preventable. **Half of the new opioid habituated people develop their addiction from the family medicine cabinet.** In addition to the ruined lives, the opioid crisis is also costing the US 1.5 trillion dollars a year. The statistics are getting worse every year. The United States makes up 4.4% of the world's population and consumes over 80% of the world's opioids. My opinion is that tightening up on the excess pills in the family medicine cabinet is easy for the federal law to implement. This “*close the loophole*” remediation of the opioid problem seems to be an almost trivial solution to a huge problem.

The practical aspects of getting rid of the excess pills in the family medicine cabinet is more difficult. Getting a prescription for an opioid is time consuming and expensive. The law specifically states that there are no refills and only a single 30-day prescription can be written for an opioid medication. The law does allow a loophole for special circumstance; 3 prescriptions can be written on the same day if the prescription is both medically necessary and the prescription has essentially no risk of diversion. All patients want the 2/3 off saving of getting 3 prescriptions in one day.

The AMA Principles of Medical Ethics clearly outline doctors’ responsibility to trust patients and doctors do routinely trust their patients. Doctors don’t want to be police officers and be suspicious about opioid diversion. This places doctors in a very uncomfortable position with opioid prescriptions. Doctors want to trust their patients and take them at their word for their

need, safe use, and storage of pain medication. Most doctors give 3 prescriptions at a single office visit to make it easier on their patients. It is these three prescriptions at a single office visit that is keeping the family medicine cabinet filled with excess pills.

My proposal of “*closing the loophole*” will not cost the government more money. If the government limits the easy refills of opioids, we can cut by ½ the number of new opioid habituated young people. While it is a simplification, if we cut the opioid addicts by ½, we can eliminate 750 billion dollars a year of government expense.

I am well aware that many government officials don’t care enough to get involved. I am also aware that the Catholic Church can’t implement federal laws. The Church can however change the daily practice of medicine in Catholic hospitals, Catholic medical groups and influence individual Catholic physicians. If the Catholic bishops determine and publicize that giving multiple prescriptions at a single office visit is hurtful to our society, most Catholic physicians will stop this practice. I have examined my conscience about this issue. It is my opinion that giving multiple opioid prescriptions at a single office visit is not medically necessary and it is contributing to the addiction and the death of many young people. If we as Catholic physicians stop what I consider an immoral practice, we may get enough attention from the government agencies so that they will “*get rid of the loophole*”.

Thank you in advance for helping with this opioid problem. I am confident that together, we can make a change in our society and save many lives.

Sincerely yours,

Mark [REDACTED] MD
Mark [REDACTED]@gmail.com
[REDACTED]

My son wrote a website with help from his mother and me that describes this problem and the proposed solution.

www.no-refills.com

cc
Bishop Thomas John Paprocki
1615 West Washington St.
Springfield, IL 62702

Federal Controlled Substances Act: Controlled Substances Prescriptions

Title 21 Chapter II Part 1306.12 Refilling prescriptions; issuance of multiple prescriptions.
Fed Regist. 2007 Nov 19;72(222):64921-30.

The Law

(a) The refilling of a prescription for a controlled substance listed in Schedule II is prohibited.

The Loophole

(b)(1) An individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance provided the following conditions are met:

(i) Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice;

(ii) The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill each prescription;

(iii) The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse;

(iv) The issuance of multiple prescriptions as described in this section is permissible under the applicable state laws; and

(v) The individual practitioner complies fully with all other applicable requirements under the Act and these regulations as well as any additional requirements under state law.

(2) Nothing in this paragraph (b) shall be construed as mandating or encouraging individual practitioners to issue multiple prescriptions or to see their patients only once every 90 days when prescribing Schedule II controlled substances. Rather, individual practitioners must determine on their own, based on sound medical judgment, and in accordance with established medical standards, whether it is appropriate to issue multiple prescriptions and how often to see their patients when doing so

References

Lipari RN, Hughes A How people obtain the prescription pain relievers they misuse. The CBHSQ Report: January 12, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD
https://www.samhsa.gov/data/sites/default/files/report_2686/ShortReport-2686.html

From Summary

- About **one-half of those who misused prescription pain** relievers in the past year said that they obtained the prescription pain relievers they had most recently misused **from a friend or relative for free** (50.5 percent), and 22.1 percent said they obtained the drugs from one doctor.
- Recent initiates, occasional users, and frequent users **were all most likely to get the drugs they misused from a friend or relative for free** and from one doctor; however, frequent users were more likely than recent initiates and occasional users to obtain their most recently misused pain relievers by buying them from a friend or relative, by buying them from a drug dealer or other stranger, or by obtaining them from more than one doctor.

<https://beyer.house.gov/news/documentsingle.aspx?DocumentID=5684>

Today, in Recognition of National recovery Month, the U.S. Congress Joint Economic Committee (JEC)—led by Chairman Don Beyer (D-VA)—released a new analysis that finds the **opioid epidemic cost the United States** a record of nearly **\$1.5 trillion in 2020**. This is up 37% from 2017, when the CDC last measured the cost.

<https://www.jec.senate.gov/public/index.cfm/democrats/press-releases?ID=3A26EB7E-89E7-40AA-B74F-FD5106002F11>

Joint Economic Committee (JEC) Chairman Don Beyer (VA-08) and Representative David Trone (MD-06), co-founder and co-chair of the Bipartisan Addiction and Mental Health Task Force and member of the Committee, published an op-ed in The Hill highlighting the far-reaching effects of the U.S. opioid crisis and the need for bipartisan action to curb demand, reduce harm, and save lives. Without question, the greatest cost of this epidemic is measured in the human toll it takes on those struggling with opioids and their families. But the costs do not end there: According to JEC estimates, the **opioid crisis cost the U.S economy nearly \$1.5 trillion in 2020** alone—over \$400 billion more than it did in 2017.