

Mark [REDACTED] MD

[REDACTED]
Springfield IL, [REDACTED]

Robert [REDACTED]

[REDACTED]
Springfield IL, [REDACTED]

June 21, 2023

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

Dear Bishop Paprocki,

Thank you for your leadership and guidance. I appreciate the work that you do for all of us. I am writing to ask for your potential help with changing a law that contributes an estimated 50% to our opioid problem in the USA. I am very impressed with your leadership and your willingness to take up the challenges of difficult decision making. As a thought leader, I am asking how I can get this message out to our leaders.

As an experienced physician who lives in the state of Illinois, I am a first-hand witness to the opioid crisis consequences. We are losing more than 106,000 persons to drug overdoses every year. 244,000 Americans are sent to prison annually for drug related crimes. 26% of all arrests in America are related to drug offenses. The families of these young people are devastated and each and every event causes severe downstream societal damage.

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. Patients are also "*doctor shopping*" to find a provider who is willing to provide "*pseudo refills*" on opioid prescriptions to save money on office visits.

I am interested in helping our community be more aware of this problem. I have asked my 31-year-old son Rob to help me build a website that will be engaging for young people. He is excited to participate in a parish or community wide project. I have also included his email and phone number for your reference. If you call Rob, please be aware that he is hard of hearing and leaving a text message is a good way to communicate with him.

Reducing the family medicine cabinet opioids will require an amendment to the Federal Controlled Substances Act. In 15 words, the Federal law specifically states that there are NO REFILLS of schedule II medications (fentanyl, hydrocodone, oxycodone, morphine).

Fed Regist. 2007 Nov 19;72(222):64929

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

Unfortunately, the law provides a loophole and goes on and to describe how give “*pseudo refills*”. The effect of this “*pseudo refill loophole*” is an increase of Schedule II opioid diversion (fentanyl, hydrocodone, oxycodone and morphine) in young susceptible people. The prescribing physician wants to be a doctor. We do not want to be delegated the duty of an enforcing police officer. Please help make a small change in the federal law and stop allowing “*pseudo refills*” on fentanyl, hydrocodone, oxycodone, and morphine. I believe this will greatly improve the health and well-being of the people of the United States.

Thank you in advance for moving the opioid mitigation solutions a bit closer to completion. With your specific permission, I think it might be helpful to enclose your thoughtful response to me with the letters that I write to government officials. Your response letter may help to build trust by the readership of the governorship members.

I am confident that you can make help make this change happen. Rob and I would like to request an in-person conversation with you at your convenience. Please call me and leave a call back phone number. I will return your call when I am home from work.

Sincerely,

Mark [REDACTED]
Personal phone # [REDACTED]
Personal email
[REDACTED]@gmail.com

Robert [REDACTED]
Personal phone # [REDACTED]
Personal email
[REDACTED]@gmail.com

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

- 1) 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

Summary

- According to combined 2013 and 2014 data from the National Survey on Drug Use and Health, an annual average of 10.7 million people aged 12 or older misused prescription pain relievers in the past year.
- 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, when combined, equal 10.7 million people who misused prescription pain relievers in the past year. An annual average of 1.5 million people were recent initiates, 6.0 million were occasional prescription pain reliever misusers, and 3.2 million were frequent prescription pain reliever misusers in the past year.
- 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.

- 2) <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

- 3) <https://drugabusestatistics.org/drug-related-crime-statistics/>