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October 15, 2015

The Honorable Angus King
US Senate
Washington, DC

Dear Senator King,

The purpose for me writing you today is in response to your call for an investigation into the FDA decision to approve oxycodone for use by children. While I am sure that you are not suggesting that children do not feel pain, and therefore do not need to have the opportunity to be provided pain relief by a variety of medications and therapies that may work for them, I am afraid that your statement may have those unintended consequences.

The Institute of Medicine (IOM) reported that “every year, approximately 100 million* Americans experience chronic pain, a condition that costs the nation between \$560 billion and \$635 billion annually. Those numbers do not include children. If they did the totals would be much higher. The IOM calls for coordinated national efforts of public and private organizations to create a cultural transformation on the approach to appropriate pain management.

We must be careful in seeking a solution to make sure we clearly see that we are dealing with two separate groups, and the problem only lies in one. The first group (the overwhelming majority) are patients in pain who are using their medications as prescribed. The second are those who are misusing or abusing prescription medications. This is where the problem lies, and any attempt initiated to solve it should not have an unreasonably negative impact on the first group.

I too want to do everything I can to reduce or eliminate the misuse and abuse of all medications. I do not however wish to hurt an even greater number by eliminating access to those medications that they need. In your statement you say “the use of OxyContin in pediatric patients is a step in the wrong direction, as it may lead to an increase in inappropriate prescribing”. To me that sounds more like a lack of education about pain management on the part of the prescriber more than a bad medication. As a nursing organization whose members specialize in pain management, we believe better education about proper prescribing and knowing

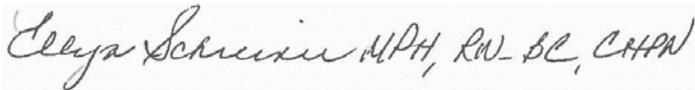
your patient are far more effective and important than banning a treatment option that can be a useful tool in achieving optimal patient care.

You suggest a need for an independent advisory board. If the decision is made to convene such a board please make sure that true experts are included, and it is truly an independent body absent of groups with their own agendas but not the scientific research to support their case. I would especially urge any committee to include nurses who specialize in the field of pain management. With the possible exception of family members, no other health care provider spends more time with patients, and understands their needs more than a nurse. Which stands to reason why nurses are one of the most trusted professions.

Please let me be clear so you do not draw the conclusion that pain management is all and only about the prescribing of opioids. Treating pain is a challenging task as there can be multiple contributing factors for pain. Opioid analgesic therapy is often used to treat pain and this mode of therapy can be effective or partially effective for many patients, but not for all. To maximize pain management and minimize potential adverse effects of opioid use, a multidisciplinary, multimodal approach is optimal to improve function and make pain manageable. This is best achieved when physical, cognitive, and psychosocial and risk assessment is conducted to help develop an individualized, patient-centered multimodal treatment approach and minimize the risk for abuse and diversion.

Should the Senate HELP Committee chooses to hold hearings I hope they too will take my comments and suggestion under advisement. I thank you for your interest in this issue and know that when given all of the information from experts you will choose solutions that are in the best interest of all the citizens of your state and our country. Please feel free to contact me if I may be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Ellyn Schreiner MPH, RN-BC, CHPN". The signature is written in black ink on a light-colored background.

Ellyn Schreiner, MPH, RN-BC, CHPN