

TO CONVICT ONE DOCTOR, ZEALOTS AT DEA TORE UP PAIN GUIDELINES DEVELOPED OVER FOUR YEARS.

Last August, after an historic collaboration between the Drug Enforcement Administration and the University of Wisconsin's Pain & Policy Studies Group, the DEA published new and widely applauded Pain Management Guidelines intended to protect physicians from prosecution by overzealous federal agents. In October the DEA suddenly withdrew the Guidelines, effectively trashing years of effort. Why?

According to the Washington Post, "The DEA's abrupt turnaround appeared to have been triggered when defense lawyers tried to introduce the new Guidelines in the trial of Dr. (William) Hurwitz" -- a Virginia pain specialist accused of over-prescribing. Shortly after the Guidelines were withdrawn, the US prosecutor successfully petitioned the court to exclude them as evidence.

In the Pain Guidelines, the doctors and the DEA had agreed that the government should stop investigating doctors like

Hurwitz simply for being active in pain management -- and stop prosecuting those few who followed the recommendations but unwittingly prescribed opiates to deceitful patients. The DEA arbitrarily reversed that agreement.

Dr. David Joranson, head of the University of Wisconsin Group, says the "DEA's abrupt withdrawal of support for the [Guidelines] without consulting with coauthors about their concerns, raises questions about what advisory role, if any, the pain management community can expect to have with DEA." The agency's changes, he says, "are likely to interfere in medical practice and pain management."

His colleague, Dr. Russell Portenoy of Beth Israel Medical Center, told the Washington Post that the DEA has changed "the tone of the dialogue in a way that is very worrisome. We're seeing more of an emphasis on law enforcement and less on the legitimate use of prescription narcotics."

Over 30 million Americans suffer from chronic pain. Are we going to let them live in agony because of the misguided zealotry of federal prosecutors?

Common Sense for Drug Policy
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